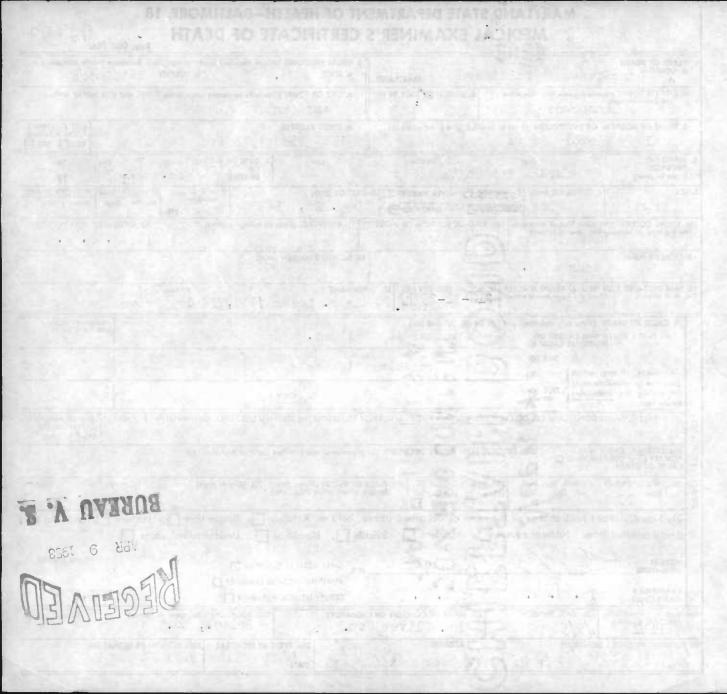
M

VS. A15ME(5)	1
5M 9/55	

a. COUNTY	n asdowne	Baltim	ore MA	ARYLAND	o. STATE		sed lived. If Institu b. COUNT		dence be		ission)
b. CITY OR TOW and give nearest	N (If outside corporate limits, wr lown) Lansdowne	ite RURAL	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN		porote limits, write	RURAL a	nd give (	nearest to	wn)
	P Victory Dr		pital, give street add	iress)	d. STREET ADDRES	s ctory D	rive			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Sarah	Eliza	Middle abeth Ada	ms	Lost	4. DATEA OF DEATH	pril Mont	7 #Api	Doy 7		95\$
s. sex Fem	6. COLOR OR RACE White	of his had had be	NEVER MARK		Dec. 28,	1870	9. AGE (in years last-birthday) yrs.	Months	R TYEAR Days	Hours	ER 24 HRS Min.
Idea. USUAL OCCUP	ATION (Give kind of work orking life, even if retired) Home Duti	done 10b K	ns Straw Home	OR INDUSTRY		ote or foreign	country)	12. CI		F WHAT	COUNTRY
13. FATHER'S NAMI		. Adam	នេ	1/	Sarah H	N NAME .					
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY N LO-01-2576	KAI	is A. Luce	as <b>1</b> 939	Address, Victory	Driv	е	37	
1/100000.1		)			ailure.						
Canditions, is gove rise to in (a), stating the couse lost.	) (0		Cardiovas		disease Senil						
Canditions, is gove rise to in (a), stating the couse lost.	f ony, which mediate cause be underlying DUE TO (c) OTHER SIGNIFICANT CON	NDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT	lisease Senil	RMINAL DISEAS		'EN IN PA		P. WAS PERFO	AUTOPSY DRMED?
Canditions, i gove rise to Im (a), stating the couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA	f ony, which mediate cause the underlying DUE TO (c) OTHER SIGNIFICANT CONTACT CONTRIBUTING []	DI CONTRACTOR CO	NTRIBUTING TO DE	ATH BUT NOT	lisease Senil	RMINAL DISEAS		YEN IN PA		PERFC	RMED?
Canditions, i gove rise to Im (a), stating the couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Haur a.	f ony, which mediate cause the underlying DUE TO (c) OTHER SIGNIFICANT CONTACT CONTRIBUTING []	DI CONTRACTOR CO	HOW INJURY OCC	ATH BUT NOT	lisease Senil	Port I or Port II				PERFC	RMED?
Canditions, i gove rise to Im (a), stating the couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Haur a. P.  21. I certify	f ony, which mediate cause the underlying DUE TO (c)  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING   2 TH.  NJURY Month, Day, Ye m.	ob. DESCRIBE  Ob. DESCRIBE  Ob. DESCRIBE  Ob. DESCRIBE  Ob. DESCRIBE	HOW INJURY OCCURRED NOT WORK OF WORK O	20e. PLACE of factory,	Senil RELATED TO THE TE noture of injury in OF INJURY (Home, f	Port I or Port II  orm, 20f. (Cir.	of item 18.) y or town)	(C Inqu	ounty)	PERFO YES	NO. (Stote)
Canditions, i gove rise to Im (a), stating the couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Haur a. P.  21. I certify	f ony, which mediate cause the underlying DUE TO (c)  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING   2  TH.   19  That I took charge	ob. DESCRIBE  Ob. DESCRIBE  Ob. DESCRIBE  Ob. DESCRIBE  Ob. DESCRIBE	HOW INJURY OCCURRED NOT WORK OF WORK O	20e. PLACE of foctory,	Senil RELATED TO THE TE related to The The Te related to The Te related to The Te related to The Te re	Port I or Port II  orm, 20f. (City etc.)  psy, I ide, U	y or form)  nspection of the control	(C Inqu	ounty)	PERFO YES and	NO (Stote)
Canditions, i gove rise to Im (a), stating the couse lost.  PART II.  20a. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Haur a. P.  21. I certify death result  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	f ony, which mediate cause the underlying DUE TO (c)  CAUSE WAS CONTRIBUTING   2  TH.  NJURY Month, Day, Ye m.  m.  that I took chargeted from: Natural	ob. DESCRIBE  or 20d. If While of wor  causes The Court of the French Court of the Fre	HOW INJURY OCCURRED NOI while emains describe Accident	20e. PLACE foctory,	Senil RELATED TO THE TE Produce of injury in DF INJURY (Home, for street, office bldg., The held an Auto DE INJURY (Home, for	Port I or Port II  orm, 20f. (City etc.)  psy, I  ide, U  LEXAMINER DICAL EXAMINER.	y or lown)  nspection of the management of the m	Inque ause [	ounty) iry	perroyes and	(Stote)
Canditions, i gove rise to Im (a), stating the couse lost.  PART II.  20c. EXTERNAL PRIMARY or CAUSE OF DEA  20c. TIME OF IN Hour a. P.  21. I certify death resultationature  EXAMINER'S	f ony, which mediate cause the underlying DUE TO (c)  OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING [] 27  TH. 19  That I took charge ted from: Natural  Geoe Se Maximum, 129  ATION, 122b. DATE THERE	ob. DESCRIBE  or 20d. If While of wor  causes The Court of the French Court of the Fre	HOW INJURY OCCURRED NOT while emains describ Accident	20e. PLACE foctory,	Senil RELATED TO THE TE Produce of injury in DF INJURY (Home, for street, office bldg., The held an Auto DE INJURY (Home, for	Port I or Port II  orm. 20f. (City etc.)  psy, I ide, U  EXAMINER DICAL EXAMINER  122d. LOCA	y or town)  nspection* ndetermined c	Inquirause [	ounty) iry	PERFO YES and	(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ploods 57 puo 2. papers ā pou Š off shauld 0 9

> VS A15 (4) 15M 9/55

director filed with

8

erol

MAZZIAMOMINATE DIVATE MENTE DE HEALTH - BALLINOSE, 18 HTASC SO STADRICATE OF DEATH



8361 8 HdV



Distance of the second of the

HEATIGROSEFABRITHED BY THE

E TO A THE STATE OF STREET A

BUREAU V. Z.

SES ARA ARA SES 1988



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Raltimore MARYLAND Ral timore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Vrs. Parkville d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 8113 Dalesford Rd. 8113 Dalesford Rd. YES NO T 3 NAME OF First 4. DATE Middle Year DECEASED Elmer (Type or print) 1058 Allen DEATH April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Male White DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Bethlehem Steel Tag Maker Massachusetts USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Unknown Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) 8113 Dalesford Rd. Mrs. Pearl V. Allen 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. agent 8, 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. , 1954 ta , and that death occurred at 10° P.M. fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S English. M.D. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Moreland Memorial Park Baltimore ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR

he registror 0 15M 10/57

HIT ARE SEE STADISTICATED STEL DI AGA West Heighton, 1984

6	0	1	X	
Ž	1	7		>
-	L			
/	-	-	-	
				1

181

00

40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 4 by be retained to the hospital or attending physician.

UNERAL DIR. DR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, ge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with a registrar prior to burial, cremation, or remayal, and in any gentraction of the received to the contraction.

4	0	7	0	3
0	5	0	a	-
-		F		
	_			
٧	5	A15	(4	}
1	5N	A15	55	

	2610		Reg. I	Dist. No.
1. PLACE OF DEATH c. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where do STATE Pennsylv	deceased lived. If institution, Residuania b. COUNTY	lence before admission)
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) TOWSON	t, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside X Brownsville	e corporate limits, write RURAL and	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, given or institution 703 W. Joppa Ros		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) LYDIA	ANN ALLISON		DATE Month 23,	1958 Year
77 . 7 . 77.24	7. MARRIED NEVER MARRIED NUMBER OF DIVORCED	8. DATE OF BIRTH October 30,188	lost histhday) Issue	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work deduring most of working life, even if retired) Housewife	Own Home	JSTRY 11. BIRTHPLACE (State or for Pennsylvania		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Robert Herschel All	ison Acklin	Rachel Jane B	lackney	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no. or unknown)  No  None	vice)	n. Robert H. All:	Address ison 8815 Wolve	rton Rd. Towson
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse last.  C).	heart dis	enc & Aff	WELLISANE	7 yra.
CATIC	ONTRIBUTING TO DEATH BU			PERFORMED?  YES NO D
	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I	or Port II of item 1B.)	
Oc. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. 19	20d. INJURY OCCURRED While Not while of work at work	LACE OF INJURY (Home, form, 20 octory, street, office bldg., etc.)	M. (City or town)	(County) (State)
21. I certify that I attended the alive an	deceased from 7/30, 1957, and that deat 2d Stack		, fram the causes and an RESS (Street, city or town, state)	I last saw the deceaser the date stated above DATE SIGNER
	1958 Redstone Cem		LOCATION (City, town, or county rownsville, Penn	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  John Burns! Sons, To	wson, Maryland	240. REC'D BY DATE APR 2	REGISTRAR 24b. REGISTRAR'S 9	SIGNATURE

Dettoner 76, "Bad 838 1958 APA A LANGE TO BE CONTRACT OF THE STREET

John Borge D. Council, Towns, Chry Sand

EASTERN LESS HE WITH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BITCH APPEARING MITTAN MINES the same has been as the contraction of the property of the same o

04190

							9		
1. PLACE OF DEATH o. COUNTY	Baltimore	MAR	YLAND	2. USUAL RESIDENCE (W o. STATE Mary:		d lived. If institu b. COUNT		e before odr ltimo:	
b. CITY OR TOWN RURAL and give		c. LENGTH OF STATE	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				own)	
d. NAME OF HOSP OR INSTITUTION SPRING GRO		reet oddress)		d. STREET ADDRESS	oodhol			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Flor <b>e</b> n	Middl Ce May		Lost Anderson	4. DATE OF DEATH		onth ril	Day	Yeor 19 58
5. SEX female	6. COLOR OR RACE 7. , with with the wind wind with the wind wind with the wind wind wind with the wind wind wind wind wind wind wind wind		RIED 8.	Oct. 9, 187	8	9. AGE (In year last birthday) 79 yr	Months	Doys Hou	NDER 24 HRS.
housewit	ION (Give kind of wark done rking life, even if retired)	Cewn fro	er industi	Marylan	d	ountry)		S. A.	AT COUNTRY?
3. FATHER'S NAME	-1 - W D		100	14. MOTHER'S MAIDEN		1			
	Cles W. Rose ER IN U. S. ARMED FORCES? (If yes, give, and or doles of service)	16. SOCIAL SECURITY NO		ormant ords: SPRI	ce Ste		dress TE HO	SPITAI	<u> </u>
Conditions, if gave rise to couse (o), stoting lying cause last	DUE TO ony, which (b) immediate publication	Arterio scler Generalized							
ICATI	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DI	EATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION G	IVEN IN PART	PER	AS AUTOPSY REORMED?
O HIT ETHER, NOTE	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	w w	od. INJURY OCCURRED  hile Not while work at work	20e. PLAC facto	E OF INJURY (Home, formally street, office bldg., etc.)	m, 20f. (Cit)	or town)	(Co	ounty)	(Stote)
	Stella Wachs	2 58, and the	t death o	D	Dam, from ADDRESS (S GROVE	n the causes treet, city or town STATE	and on th , stote) HOSPIT	e date st	ne deceased ated above. DATE SIGNED 1—11—58
NAME (Type)				Catonsvi		, Maryla		*****	
REMOVAL (Specify	11/158	22c. NAME OF CEA	METERY OR	unt limite	13	TION (City Igan)	in	ma	itoré)
23. FUNERAL DIRECTO	CS SIGNATURE	ADDRESS	,		D 1 5 150		STRAR'S SIG	NATURE	

may be retained by the haspital or attending physician.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the roneral diffect page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIREC

14

VS A1S (4) 15M 10/57

27 SHOMETANS - STLAND TO THE MEDICAL STATE OF A LYNAM. HTARORO ETASHERIED

THE RESERVE OF THE PARTY OF THE

DESCRIPTION OF THE



VPR IS 1958.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 4191 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 19 5 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years birthday) Months Days Min. Hours WIDOWED T DIVORCED [ YES popers 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO coese (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES TT NO CERTIFI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from ...... 190 O that I last saw the deceased and that death accurred at \$ 110 PM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, ACTUAL DIRE SIGNATURE Pri D PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 10 ANDRESS MUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAN 245 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

		· \$
	Services 1	and such a second
		THUS MAY
port of the planting of the state of		12/12/19
	Charles Marke	
HARPER DE SON	SECTION OF WHITE	
The second second		mars want
	TIMESTAL DE LA CALLACATA	
ROVERS		
DECELVED V. S. 1959	A Court of the State of the	Discount years years of
8361 Y AGA		
1090		A CONTRACTOR OF THE PERSONS
MEIVIENE		

M

00

MARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4221	CERTIFICATE	OF DEATH	

04192

\-l	2900	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Sulto MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. YATE  b. COUNTY  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16  Black Class will (Rund) 25 - 44	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRÉSS  e. IS RESIDENCE ON A FARM? YES DI NO
	3. NAME OF DECEASED (Type or print) G - HOWARD - B	AUBLITZ 4. DATE Month Day Year OF DEATH Copiel 12 19-58
	5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  Opul 13-1878  9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.    Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if refired)  Harvest	Mayland WSA
	13. FAPPIER'S NAME See W Blaublitz	Mary L Scullair
	(Yes, no. or unknown) y 194 Top, give mor or doles of service) NO ILL	evenue Beneblity- Herrepotead West
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerebral Arterios	clerosis Interval Between ONSELAND DEATH
	Conditions, if any, which (b)	
	gave rise to immediate cause (a), stating the under-lying cause last.	
	ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to 19 While at work at work 19 at work 19	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) clary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from June alive on April 12 , 1958 , and that death	1956, to April 12, 1958, that I last saw the deceased accurred at 4:532 M, from the causes and an the date stated above.
	ACTUAL SIGNATURE M. C. Partirful	M.D. Start Signed, city or town, state)  DATE SIGNED  4-14-5
	PHYSICIAN'S M. C. P rterfield	Hampstead, Md. U-14-50
	220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY O	CREMATORY 22d. LOCATION (City. town, or county) (State)
	Caled Clipton. Hampstead!	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE  240. REC'D BY REGISTRAR APR 1 6 '58  240. REC'D BY REGISTRAR APR 1 6 '58

VS A15 (4) 15M 9/55 3 -

us allebar insole, only discourse, was as as always

APR 16 1958



0

I

	422	CERTIFIC	ATE OF DEAT	Н	Reg. 1	Dist. No. 04193
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE		If institution: Resid	ence before admission)
b. CITY OR TOWN RURAL and give	(If autside corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN AT	autside corporate limi	its, write RURAL and	d give nearest town)
d. NAME OF HOSP OR INSTITUTION		addréss)	d. STREET ADDRESS	Smith	Quenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	SACOB	P. Middle	BAUMOHL	4. DATE OF DEATH	April 1	Day Yeor 9 1958.
5. SEX Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH Feb 28, 189.	2 lost	(In years birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPAT during most of wa	ION (Give kind of work done 10b. orking life, even if retired)	REPLETOR IND	Hung	nary	12. 0	U. S. A.
Be	exard Bau	mohl	14. MOTHER'S MAIDEN	rie Kes	eler	
(Yes, no. or unknown)	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 15-18-9672	Mrs Lillian	Bauma	Address	Same,
	FATH [Enter only one couse per li FATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).]	navy th	rombo	5.5	INTERVAL BETWEEN ONSET AND DEATH 30 MINU
Canditians, if gove rise to catse (a), stating lying cause last	immediate DUE TO	Dra	erioséler	س د و		Jylans -
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	/AS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER]	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Port I or Port II of its	em 18.)	
20c. TIME OF INJU	10 While	Not while	LACE OF INJURY (Home, far actory, street, office bldg., et	m, 20f. (City or town	1)	(County) (Stote)
21. I certify alive an	that attended the decease Feb 27, 193		h occurred at 12 i 3 c	AM, fram the ADDRESS (Street, cit	causes and an	l last saw the decease the date stated above DATE SIGNE
ACTUAL SIGNATURE	Man	Benster	M.O. 815	7 Park	Ave Ba	0 1 1 0
PHYSICIAN'S NAME (Type)	Alan ON, 226, DATE THEREOF	Bernste:		Test to satisfy to		49/5
REMOVAL (Spécif	Pepr. 19/58.	22c, NAME OF CEMETERY	Elhourellolas	Batt	ity, town, or county	md.
23. FUNERAL DIRECTO	son Bow Inc	ADDRESS / (U)	MOSSIE DATE A	PR 1 1 '58	24b. REGISTRAR'S	SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

CERTIFICATE OF DEATH

HIGH LEGISLE

100000

AND DESCRIPTION OF

the minutes country of the militaries of the second of the

BUREAU V. S.

8961 II 384.



Charles Francisco Contracto Contract

The State Sept. St.

Mary Top of Miles

VS A15 (4) 15M 9/55 04194

4222 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY  Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **Parkville**
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  9005 Harford Road #14	8111 Old Harford Road  e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Mr. Charles M. Middle	lealmeat. OF DEATH Office 18 19 58
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  Dec. 18, 1906  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	Baltimore, Maryland USA
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Yes no or unknown) . (If we aim was as date of service)	NFORMANT Address brs. Loretta M. Bealmear, same
	1B. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	onary Occlusion Interval BETWEEN ONSET AND DEATH
7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)	Prosip premature ?
CERTIFICATION	6 Wes ago. Previous Corone	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDRY YES NO
		Errier noture of injury in Port I or Port II of Nem 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pu While not while at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole)
	1 1 1 1 1 1 1	occurred at X M, from the causes and on the date stated abave.  ADDRESS (Street, gly or town, state)  DATE SIGNED
	PHYSICIAN'S FRANK T. KASIK,	M.D. 7005 Mar prairy 9/19/19/19/19/19/19/19/19/19/19/19/19/19
	20. BURIAL, CREMATION, REPROVAL (Specify) 4/21/58 22c. NAME OF CEMETERY O Moreland M	em. Park Baltimore. Maruland
23	Eepnard J. Ruck 5305 Harford Road	#14 DATE 1982 1 '58 CUI REGISTRAR'S SIGNATURE

81 BROWITIA		ATZ CHAIYRA	
and the state of			
	A PARTY OF THE PAR		
	DOMESTIC STATE		
			Take and the second of the sec
		princip filter (no.) Pri	
200			
BUREAU V. S. 1958		er komeny an by Transfer	To the spring of
1368 37 1308			
DECENARIO			
	N IN CONTROL		Marie Control
	v v v		est is brooked to

CEDTIEICATE OF DEATH

A	4	1	0	5
U	T	L	J	1

1	Y	1	4
with (	-		7
filed	-		/

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

Ö		5	B		
9	may be retained by the haspital or attending physician.	Ď	har		
Ö	1	=	2 5		
22		P	P		
0		.5	0		
4		Pe	_		
2		三	es		
Ē		7	00		
3		0	-		
D		ple	5.		
5		E	d	i,	
Ü		S	8	0	
ě		Pu	2	10	
90		ō	ě	0	/
•		9	00	off	
Ö		10	0	52	
Ĕ		4	ó	0	
eri		a	en	2	
ŭ		P G	0	7	
50		ğ	OS	-E	
ě		e	à	Ŧ	
e		O	-	-	
=		he	Pe	en	
0		×		ú	
-		9	=	ny	
e		e	100	0	
2		g	å		
ř	5	2	şi	Pu	
3	.0	0	0	0	
0	1×s	ق	+	9	
e	d	30	0	0	
	5		50	9	
Ž	P	0	4	1	
5	e	ific	듄	0,	
ž	ō	ert	0	0	
-	0	Ü	3	o	
Ż	-	Pi.	2	E H	
9	·ā	-	0	5	
Ĕ	00	F.	P	0	
Ž	0	-	5	מני	
44	4		0	۵	
3	6		ň	2	
×	P	REG	pe	ō	
C	ne	=	P	ď.	
4	0	-	20	5	
-	7	RA	sh	Str	
7	å.	7	n	6	
r	X	5	-ge	43	
2	E	0	Po	the registrar priar ta buriol, cremotian, or removal, and in any event within 72 hours after death.	
-		T			
1	/S	415	(4)		
1	15M	9/	55		

	422	3 CERTIFIC	AIE OF	DEAIL			Reg. Dis	t. No.	
1.	PLACE OF DEATH O. COUNTY  BALTIMORE	MARYLAND	o. STATE	ARYLA		l lived. If instituti b. COUNTY	oni Residen	e befare	admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  ESSEX	c. LENGTH OF STAY IN 15	c. CITY OR	TOWN (If or	utside carpo	rate limils, write R	URAL and g	ive neares	it tawn)+
_		61 Yrs		SSEX					
	d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION 371 TOWNSEND ROAD	oddress)	371T(	ADDRESS DWNSEI	ND RO	AD			IS RESIDENCE ON A FARM? (ES NO
3.	NAME OF DECEASED (Type or print) FRANK L. BEI	Middle	le	ist	4. DATE OF DEATH	Mon	- / -	Doy 9 58	Year
5.	SEX   6. COLOR OR RACE   7. MARR		8. DATE OF BIR	TH		9. AGE (In years	IF UNDER		UNDER 24 HRS.
	male white widows		MARCH	5 188	83	last birthday) フレ yrs.	Months	Days 1	daurs Min,
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  ELEVATOR WORKER BETT			LACE (Stote of	or fareign co	ountry)		SA	WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER		AME			DA	
	CHRISTIAN BEITZ			AMEL.	TA BO	Τ.ΨΖ			
15.  Ye		00 0001	INFORMANT MR. FRI	955 EDERI	ARGC	NNE DAY	₩E B	ALTO	). 18,
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).		=AILU	IRE				INTERV	AND DEATH
	Canditions, if any, which gave rise to immediate (b)	URICULAI	e Fie	RIL	LAT	100		1	VÆ
	DUE TO	TERIO-SCI	LER07	16	HEA	RT DA	EASI	7	YR
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1	WAS AUTOPSY PERFORMED? ES NO
CERTIF	200. ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	ED. (Enter nature	af injury in P	art I ar Part	11 of item 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour a. m. 19 While at worl	_ Nat while fo	ACE OF INJURY actory, street, office	(Hame, farm, te bldg., etc.)	20f. (City	or town)	(C	aunty)	(State)
	21. I certify that I attended the decease alive on APR. 15, 19.3  ACTUAL SIGNATURE	A-0.	occurred at				nd on th		the decease stated above DATE SIGNE
	PHYSICIAN'S VOSEPH N	NCELI 1	1.D.	2	-55£	x 2	11	40	)
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, tawn, o	r county)		(State)
	BURIAL   4/19/58		EMETERY	r	BAL	TIMORE	MARY	LAND	
23.	FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS	ADDRESS  INC BALTIMO	RE MD.	240. REC'D	APR 2	24b. REGIS	TRAR'S SIG	NATURE	1
							اوياليك أوساكت		

CERTIFICATE OF SEATH

CARDIAC FAILURE AURICULAR FIBRILLATIOLS ARTERIO-SCLEROTIC HEART DISEASE DYR

1 6-1-1 TV 1

APRILS SEPT 22 STAYLOR ALE ALIENS

SCOT 22 STAYLOR ALE ALIENS

JOSEPH MICELIUM. ESSENDE CENALS

JOSEPH MICELIUM.

00

pe

3 should

0

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

- (	)4	1	Q	G
1	JI	1	U	U

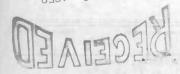
Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Balto. Md. Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2607 Larchmont Drive YES NO House in the Pines NAME OF First Middle 4. DATE Month Day Year OF DEATH (Type or print) PAUL BENNER 19 58 April 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours whi.te Male Feb. 23, 1895 WIDOWED TO DIVORCED T 63 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Test Baker Mfg. Prepared Mixes Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Conrad Henry Benner Olga Erni 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-11-2362 Mr. Paul E. Benner - 2617 Larchmont Dr. No I World War yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: return work meter tares IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I at Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I oftended the deceased from Partially 27, 19 49, to Capril 4 19 8 that I last saw the deceased 19 18, and that death occurred of JPM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL 2320 EUTAW PLACE PHYSICIAN'S NAME (Type) CHW ARTZ 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buri al Woodlawn 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
422 F. CERTIFICATE OF DEATH.

arips 1						
	W - KP TP	7115				
2 - Block of the last of the l	#1549G					
See of the late of						
	4845 48	T.UE		Tanana I		
		- T	elf because		-25	
	Lan.	10			Hard Johnson	
.T Jack	- 3/6/18/5/	4			7 <u>7</u>	627



762 6 1828



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

eath. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1995 CERTIFICATE OF DEATH

g. Dist. No.

			47							
1. PLACE OF DEATH a. COUNTY	BALTIMORE		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE MARY		d lived. If instituti b. COUNTY		before adm	nission)
b. CITY OR TOWN (I RURAL and give no FORT HOW.		s, write	c. LENGTH OF STAY I	N Ib	c. CITY OR TOWN (IF o		rote limits, write R	URAL ond give	- 1	own)
	AL (If not in hospital, g	ive street			d. STREET ADDRESS	•		2 10	le. 15 I	RESIDENCE
	DMINISTRAT:	ON H	OSPITAL		6319 TOONE	STRE	ET		YES	NO DA
3. NAME OF DECEASED (Type or print)	Fir HARI	Y	Middle E		BIRCKHEAD	4. DATE OF DEATH	APR		Doy 20	Yeor 19 58
5. SEX MALE	WHITE	WIDOW			E. DATE OF BIRTH FEBRUARY 11,	1897	9. AGE (In years last birthday) 61 yrs.		YEAR IF UN Oays Hou	rs Min.
ELECTROTY	ing life, even if refired				TRY 11. BIRTHPLACE (SIONE ANY BALTIMORE	, MAR			S.A.	IAT COUNTRY?
13. FATHER'S NAME	P TDOMICA				14. MOTHER'S MAIDEN N		7077			
15. WAS DECEASED EVE	BIRCKHEAJ		SOCIAL SECURITY NO.	117 48	LUCY MAY W	HEATL				
YES	(If yes, give wor or dates of so	rvice) 2]	15-01-7522			он ма	SP FORT	HOWAR	D MAR	YLAND
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	COL	ne for (o), (b), ond (c).] R PULMONALE						INTERVAL ONSET AN UNKN	BETWEEN ND DEATH NOWN
Conditions, if or gove rise to it couse (o), stoting lying cause lost.	ny, which (b)		IMONARY EMP	HYSI	AMA				4 YE	ARS
PART II. OTH	IER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART	PER	S AUTOPSY RFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while k of work	20e. PLA foci	CE OF INJURY (Home, form, lory, street, office bldg., etc.	20f. (City	or town)	(Co	unty)	(Stote)
othecomococc					23 19 57 , to <b>M</b> accurred at 5: 50 3	M, fram		and on the		
ACTUAL SIGNATURE PHYSICIAN'S	wei w		tan	A					!	4/21/58
	HIEN WEI L				VAH, FORT					
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	4-23	58	22c. NAME OF CEMEN Baltimore	Nat	ional Cem.		timore,			tate)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	24a. REC'E		RAR 24b. REGIS	STRAR'S SIGN		
Tilm Cont. DT:	abl Two (0)	O U	T to Carry	-74-	MA LANG	10000	150	/	- 1	



HARTEND STATE DEPARTMENT OF HEATH HARTENDES, THE

BUREAU M.

. . . . .

8361 ES A9A



2

papers.

gug

physician

remove carban g

Ē any

should

page

FUNER age 3 st

0

VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8581 81 APA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

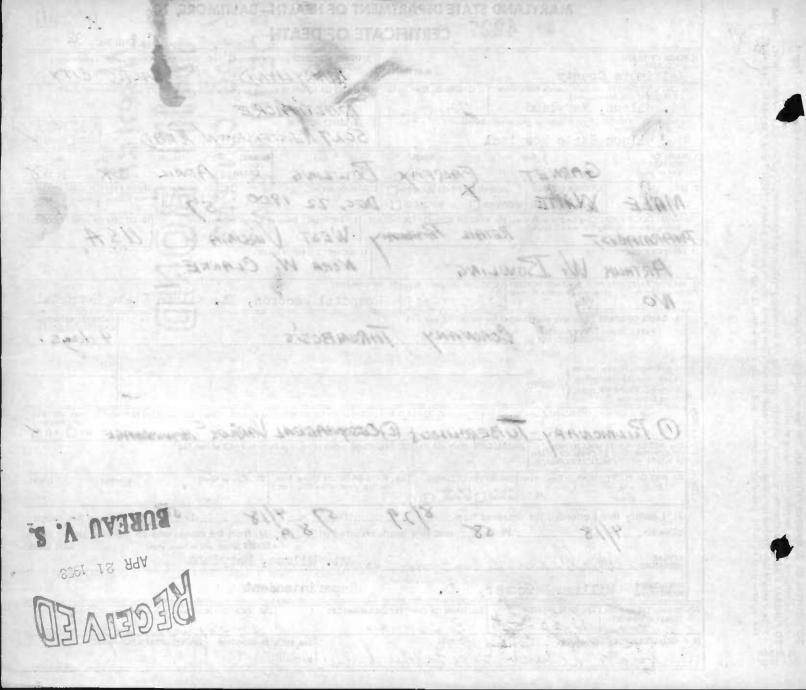
		world of
	,	
Book order 80 co	SUCT STAN	
Antes		
		castalog on t

BUREAU V.

8291 83 A9A



1	MARYLAND 42	STATE DEPARTM	ENT OF HEALTH	H—BALTIMORE, 1	0420	0(
		CERTIFICA	AIL OF DEATI	1	Reg. Dist. No. 32	
1.	DACE OF DEATH O. COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	Residence before admission	)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RI	URAL and give nearest lown)	,
-	Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street of or INSTITUTION	months.	d. STREET ADDRESS	17	e. IS RESIDE	
	Mt. Wilson State Hospita.		5027 KEIS.	TERSTOWN (O	AD ON A FA	
3.	NAME OF DECEASED (Type or print) GARNET	Middle FAIRFAX	BOWLING	4. DATE Mont		58
	MALE XIHITE WIDOWE	D DIVORCED	B. DATE OF BIRTH	lost birthday) 57 yrs.	Months Days Hours	Min.
10	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	TAIL PHARMAE	1 1	or foreign country)  IREINIA	12. CITIZEN OF WHAT CO	OUNTR
13	ARTHUR W. BOWL	ING /	NORA W	, .		
	res. no. ar unknown) (If yes, give war or dates of service)		NFORMANT Hospital Reco	rds, Mt. Wilson		al
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		4ROMBOSIS		INTERVAL BETWONSET AND DE	ATH
	Conditions, if any, which )					
	gove rise to immediate cause (o), stating the under-lying couse last.				in the second	
CERTIFICATION		ERCULAS (E)	OSSOPHAGEAL	VARICES HEAD	PERFORMI	TOPSY ED?
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. While at work	_ Not while _ foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
	21. I certify that I attended the decease	ed from 8/29	1957, to 4	1/18 1958	that I last saw the de	cease
	alive an 4/18 19 3	and that death		_M, from the causes a	nd an the date stated	abav
	ACTUAL SIGNATURE William	Inom		ADDRESS (Street, city or town, and Maryland	itote) DAIE	SIGNE
	PHYSICIAN'S William Newcome	c, M.D.	Superinten	dent		
22	Removal (Specify)  1349194  4-22-58	Bych ANA		22d. LOCATION (City, town, or Bychana	./1	A
23	FUNERAL DIRECTOR'S SIGNATURE al Munera	O //ADDRESS	10	D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE	
	Largers of Acquirer	11 1 reach	I ULW DATAPA	12 1 30 Cari	-lauen	



I

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is newssary, please execute the certifical writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director rege 4 should be forwarded to 12, nief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the registrar prior to burial-erequation. 5M 9/55

or removol. VS. A15ME(5)

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04201 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY B	altimore	-660	MA	RYLAND	2. USUAL 6 o. STATE		/here deceas	ed lived. If Institu b. COUNT	viii	dence be		ission)
b. CITY OR TOWN (If and give nearest town) Catonsv		RURAL	c. LENGTH OF STA	Y IN 1b				dell Rd		nd give n	earest to	wn)
d. NAME OF HOSPITA			pital, give street add	ress)	d. STREE	t ADDRESS tonsv:		dell nu	•		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Edwin	s?	Middle Riston		Bover	Sr.	4. DATE OF DEATH	Month Apri	_	Doy	0	fear 958
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED B	DATE OF BIR	RTH	398	9. AGE (In years lost birthday) 60 yrs.				ER 24 HRS. Min.
100. USUAL OCCUPATION during most of working Salesm 13. FATHER'S NAME	life, even if retired)		ind of Business o	R INDUST	RY 11. BIRTH		or foreign c		12. CI	TIZEN O	F WHAT	COUNTRY
	mes Boye:					Нε	nnah			6		
15. WAS DECEASED EVEL (Yes, no, or unknown) Yes	If yes, give war or dates of		SOCIAL SECURITY N		iformant dwin I	Boyer	Jr, 5	Address 2 Dunga	rrie	Rd	. 2	8
Conditions, if on gove rise to immedi (a), stating the uncouse last.	ate couse		ONTRIBUTING TO DE	ATH BUT N	OT RELATED 1	TO THE TERMI	NALDISEASI	CONDITION GIV	'EN IN PA	RT 1(o) 1		
PART II. OTHE	SE WAS TRIBUTING [] 20	b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter noture of	injury in Port	I or Port II	of item 18.)		,	YES T	NO [
Y 20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PLAC	CE OF INJURY ory, street, offi	(Home, form, ice bldg., etc.)	20f. (City	or town)	(Co	ounty)		(State)
	t I taak charge from: Natural				ide [],		AMINER [	nspection D	_	iry <b>[2</b> ].		find tha
	eo. S. M.				DEPU	TY MEDICAL E	XAMINER [	Ap	ril		· Kanada · · ·	
220. BURIAL CREMATION REMOVAL (Specify) Burial	4-22-58		Balto. 1			Cem.		Balto.	Md.		(Stot	(e)
23. FUNERAL DIRECTOR'S Farley F		ome O	ADDRESS			31256	DR 2 4		STRAR'S SI	GNATUI	RE	

MEDICAL EXAMINER'S CHATTER OF DEATH

RABEVO A' & 3 99A.



4229 CERTIFICATE OF DEATH

eg. Dist. No.

04202

1 2000	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Balton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Q. 302 Mt. Alto Rd.	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO 19
3. NAME OF DECEASED (Type or print) Mary P, B	Lost 4. DATE Month Day Year OF DEATH APRIL 18 19 5
s. SEX 6. COLOR OR RACE A MARRIED NEVER MARRIED F temale white widowed Divorced	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  10. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Home	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY  QErmany  4. S. A.
Henry Brodt	Katherine Brodt.
(Yes, no. or unknown) (If yes, give war or dates of service)	INFORMANT Address  S. Karl Engelmann -6302 Mt. Alto Rd.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y.  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)  Canditions of any, which gave rise to immediate cause (b), stating the under-lying cause last.	tis 24rs.  Arthricitis 3045
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO  ED. (Enter noture of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State actory, street, office bldg., etc.)
21. I certify that I attended the deceased from Manager alive on A grand 18, 1958, and that deots  ACTUAL SIGNATURE  Long Long  Long	h occurred at
PHYSICIAN'S COMB. / GOMBAN  20. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY C	DR CREMATORY 22d LOCATION (City town a country)
BEMOVAL (Specify) 4/22/58 Cedar H	ill Balto md.
13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nohn T. Stansbury - 6411 Windsor M.	240. REC'D BY REGISTRAR 246. REGISTRAY'S SIGNATURE 240. REGISTRAY'S SIGNATURE 240. REGISTRAY'S SIGNATURE

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 10/57

1

BY GROWN AS THE PROPERTY OF THE BANK CHAPTERMY OF THE BANK CHAPTER

BUREAU V. S.

8361 88 AAA

BECEINE

**CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND BALTIMORE Balto. Md. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Baldwin d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 00 C by Carroll Manor Rd. YES NO and c 3. NAME OF First Middle 4. DATE Yeor DECEASED DEATH Poges (Type or print) 19 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 75 3 3 3 3 6 4 48 5 6 6 3 6 6 6 6 6 DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours WIDOWED F 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Building ARDENTER - RETIRED 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 1B. CAUSE OF DEATH [Enter only one couse per-time for (o), (b), and (c). INTERVAL BETWEEN 0 ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Ë any Conditions, if ony, which gove rise to immediate De **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO R YES 🗍 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stale) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that / attended the deceased from 24.1925, that I last saw the deceased and that death accurred at LQ\_AQ\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL P aul PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Balto. Md. Loudon Burial 10 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b\_REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR APR 25

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ASSIT CERTIFICATE OF DEATH 8381 00 APA

PR 9 1059

## REALCHO ENADELLAS,

g. Dist. No.	15			2440		
6311/10	да ча ганоні занав	C. DELIAL RESI		= =	N. PLACE OF DEATH	
	TH6/00	15.633	GRAIVEAN	4 615		
(Keept Business and a li-	rayment in E. Wille Philas.	elmino HI YITO SOI VIVOT	VATC 50 PIT ALL			
polarie	antig bean fil	ADDULLS		ed t	ACTUAL VIOLET	
7461) hell o	4. DATE OF DEATH	0.1	127.00	(2)	N. MARK 57 DECEASED Tree or free	
Hard State State State State	substruct and ECA. At	ATM TO		Pr C .		
Sounds of Ward	University witness	- 一年 DAが作品 - 円	PERMITTER NO DISC PETITURE N		and house beginning to	
		AAC SHOOLS AAA		70	SECUL SAURION CO.	
	27500A a 1	17. 3461304	ON YORK SECURITY NO.		St. WAY CHEATER EVER BY D. Program Co.	
CAR See Times		HOLLYSIAN	is excident as	NAME OF COMPANY OF THE PARK	E PORREIT ON CONTRACT	
w.					EDAS: STARBHIN	
				, YK	APPENDING CALIF	
	•			per Of other	Ally for the HEAVE BEING	
SASSOUR SE		~	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COSAY TOCKES AND	HOTARIO TO WAS UT	
		a value of trans. Tel-	postas and an Lite apid cello ;	MANUAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO ADDRESS OF THE PERSON NAMED IN COLUMN TO ADD	BY SEED AND THE STORY OF THE MONEY AND THE M	
	~~~~~	9.99004 GG WOR #1			Street, Third to sell till	
stands get west tent Stadt	IIAAAIIA	. 77	mult bours	seb adr belowith I in	23, I hereby certify it	
	. Li dav				DHUTAHAH	
Me		MOTOR SE	NOW OF CEMETRY O	40 (HILL)	THORAGO, JAMES LT	
U3	DECEIN	SP. WHO YE DEBUT		MANUE PRAKTION	BATTEROSE VE GOOD "+5	

VS. A15ME(\$) 5M 9/55

1	1
notion,	-
S. C.	-
gistror prior to buriel, cremation,	
pio OD	
gistror	3.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	/1	n	11	
Rea. Dist.	No.	U	4	4	U	()

1. PLACE OF DEATH	altimore	2004		YLAND	2. USUAL RESIDENCE (V	Where decease	d lived. If institu b. COUNT		te before	admission)
b. CITY OR TOWN (IF	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	prote limits, write	RURAL ond	give neares	if town)
and give nearest town)	Llstown		2 vrs		x Randall					
		f nat in has	pital, give street addre		d. STREET ADDRESS	SCOWII			e.	IS RESIDENCE
	ourtleigh				3704 Cour	tleig	h Dr.			ON A FARM?
3. NAME OF DECEASED	Fire	t	Middle		Last	4. DATE	Mont	h	Day	Year
(Type or print)	Kathlee	n	A.		Burrier	OF DEATH	Apr.	4		191958
S. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIE	D 🗗 B.	DATE OF BIRTH	1	AGE (In years last pirthday)	IF UNDER 1		INDER 24 HRS.
Female	White	WIDOWE	D DIVORCED		Dec. 6,195	3	4 yrs.	Months [	Days Ho	urs Min.
10a. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	lane 10b. I	(IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	or foreign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY?
none	, ma, even in territory		none		Md			II	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Calvin H	Burrier				Dorothy B	nezko	weki			
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17, IN	FORMANT	W. C. ZI. II. C.	Address	ndall	Lstow	n. Md.
(Yes, no, or unknown)	(If yes, give war or dates of	ietvice)	none	Mr	Calvin Bu	rrier				
18. CAUSE OF DEAT	H [Enter anly one cau	se per line	for (a), (b), and (c).]						INTERVAL B	ETWEEN
PART I. DEAT	H WAS CAUSED BY:	Agr	piration	of T	Jomitus				70	hrs
903.0	DUE TO		DITEUTON	OI.	OHLOUB				10	111.8
Conditions, if on		Cer	rebral Co	nan	ssion				70	hrs
gave rise to immed (a), stoting the u	iate cause					77 1 45-				
cause last.	(c).	f'a]	ll in bat	h ti	ıb dı				14	hrs.
Z PART II. OTH	ER SIGNIFICANT CON	OITIONS CO	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
NATION NATIONAL PROPERTY NATIO	non	е							YES [	RFORMED?
PART II. OTH  20g. EXTERNAL CAU PRIMARY DAG CON CAUSE OF DEATH.	SE WAS				ter nature of injury in Par bath tub			pr. 3	3, 19	58
3 20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	n, 120f. (City	or town)	(Cour	nty)	(State)
20c. TIME OF INJUR	4-3-58 19	While	Not while ork of work	- 4	ry, street, affice bldg., etc.	6000	1-11ata	tim R.	7.40	Ma
					ome re, held an Autops		lallsto spection [K]	7		
					ide , Homicide				LA, ai	ia rina inor
deoin resuited	Holli: Notorol	rooses [	, Accident [34	, 3010	rde, Homicide	, Un	derermined (	.ouse [].		
ACTUAL S	2	- 0 -1			CHIES HEDICAL S	VALUE O D			DA	TE SIGNED
SIGNATURE	. 4. 6	age 1	ice		M.D. CHIEF MEDICAL EX	-				
EXAMINER'S I	D. Capi	les.	M. D.		ASSISTANT MEDICAL			1	+-5-5	8
22a. BURIAL, CREMATION			22c. NAME OF CEMET	EDV OD			ON (City, tawn,			
REMOVAL (Specify)	Apr. 7.	1958	11.7	TO A	THEDRAL	R. LOCATI	ALTO.	1/12	0,	State)
23. FUNERAL DIRECTOR'S		/)	ADDRESS			D BY REGISTR	AR 24b. REGI	STRAR'S SIGI	NATURE #	
		.,410	ol Edmond	son	Ave. DATE	APR 9	'58 U	Whe	auch	

8961 6 8dV

Trade of the Adams of the Contract

Sary, please exe-TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need to the certification ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director forwarded to fine hief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to ar removal.

VS. A15ME(5) 5M 9/55

5		NERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, creagitan	0
5		g	1
2		erc	
0		b	
U		-0	
3		in.	
•		Ā	
L		5	
5		Ö	
0	es.	D	
0	ij	ä	
2	5	stre	
0	y	O	
2	5	5	
9	1	he	
•	ec	4	
	9	THE W	
,	e	2	ŀ
5	0	P	
0	9	ō	
	0	-	
9	2	Se Se	-
S	0	ŏ	
,	50	0	
0	Δ.,	Ē	
5	ei		
	X	in in	
0	Z.	er	
:	27.0	0	
9	1	nsi	
	Ę	5	
	5	픞	
2	Suc	- Ξ	
7	능	3	
	0	0	
77	ffic	8	
-	0	0	
2		S	
7	Pe	9	
	3	P	
	X	20	
	-	숙	
9	CO	က	
'n	Pa	ge	
	Ž	Po	
	ef	00	
	H	0	
	ľ	5	
ı	E	04	
	PO	٥	ı
)	P	AL	Ç
3	de	20	700
	ō	Z	200

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NJ. 4207

. MACE OF STATU	D-7/1:		IIa	LICITAL DECIDENCE	040 1	. A M touth Man	Desidence had	to a destruction A
o. COUNTY	Baltimore		2.	USUAL RESIDENCE  o. STATE	(Axueus deceased in	b. COUNTY	Kesidence De	rore damission)
	Catonsvill	e MA	RYLAND	Md		D-14		
b. CITY OR TOWN (	If outside corporate limits, write II m)	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If autside corporat	e limits, write RUR.	AL and give n	earest lawn)
Catonsvil	le		Cat	onsvilla	52			
		not in haspital, give street add	ress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	es Row.			12 Jones	Dow			YES NO
3. NAME OF DECEASED (Type or print)	fint Cora Elizab	eth Burton		Last	4. DATE OF DEATH	Month April	Day	Year ###
5. SEX	A COLOR OF PACE 17	- MARRIED NEVER MARR	IED D B DA	TE OF BIRTH	0.4		NDER TYEAR	IF UNDER 24 HRS.
Fem		WIDOWED DIVORCE		ely 6.	18906	117 AL A A	nths Days	Hours Min.
10a. USUAL OCCUPATI	ION (Give kind of work do	ne 10b. KIND OF BUSINESS C	R INDUSTRY	11. BUTHPLACE (Ste	ote ar foreign count	-	2. CITIZEN O	WHAT COUNTRY
	ing life, even if retired	Hun		Hom	and Co	Mug	u	So
13. FATHER'S NAME	10	M	14.	MOJHER'S MAIDEN	NAME			,
	Jennell.	Druse		Man	m A	aun	me	1
15. WAS DECEASED ET	VER IN U. S. ARMED FORCE		O. 17. INFO	MANT	1/2 01	Address	2-11	WO
(Yes, no, or unknown)	(If yes, give wor or dates of ser	vice)	19/2	n The	le Th	oss &	mile	Lan
18. CAUSE OF DEA	ATH Enter on ane cause	per line for (o), (b), and (c).]						TYAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Acute car	diac fa	allure			0.113.	TARO ODANI
443X	DUE TO	1100000000						
Canditions, if		ypertensive ca	adiorn.	anilon di	50050			
gave rise to imme	ediate couse (	yper censive ca	il ulo va:	scarar ar	sease			
(a), stating the								
cause fast.	) (c)							
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TER	RMINALDISEASE CO	NDITION GIVEN II	V PART 1(a)	9. WAS AUTOPSY PERFORMED?
3								YES NO
PRIMARY OF OF	NTRIBUTING []	DESCRIBE HOW INJURY OCC	URRED. (Enter	nature of injury in F	ort I ar Part II of it	em 18.)		
. 1								
20c. TIME OF INJU		20d. INJURY OCCURRED While Not while	20e. PLACE O	F INJURY (Home, fo	orm, i 20f. (City or t	awn)	(Caunty)	(State)
Haur a.m.	19	at work at work						
21. I certify t	hat I taak charge o	of the remains describ	ed abave,	held an Auta	psy , Inspe	ection , Ir	quiry 🗐	and find tha
death resulted	from: Natural co	suses Accident	], Suicide	, Homici	de 🔲, Unde	termined caus	e 🔲.	
	01 1	2. 11. 1	1					DATE SIGNED
SIGNATURE	Je J.	nkiefs	er M.	D. CHIEF MEDICAL	EXAMINER			DATE STORED
				ASSISTANT MED	ICAL EXAMINER			
EXAMINER'S NAME (Type)	Geo. S. M.	Kieffer M. D.		DEPUTY MEDICA	L EXAMINER	Ar	oril 3	. 1958
220. BURIAL, CREMATIC	ON, 22b. DATE HEREOF	PC NAME OF CEM		MATORY	22d. LOCATION	(Ciry Jawn, or car		/ (Stote)
REMOVAL (Specif	3/8/1958	Ballo	Halles	ial am	Rall	11	Alla	•
3. FUNERAL DIRECTO	R'S SIGNATIORE	ADDRESS 2	2-7 1	24a. RE	C'D BY REGISTRAR	24b. REGISTRA	S SIGNATUI	RE
martal	KWilliamal	Schon	0-1141	1 A DATE	APR 9	5\$ UU-	Lediu	M

1
1
7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4234 CERTIFICATE OF DEATH

Reg. Dist. No. 114219

o. COUNTY	BALTIMORE		MARYLAN	11 1	STATE MARYI		b. COUNTY	on: Residence	e before admis	sion)
RURAL ond give n		ls, write	c. LENGTH OF STAY IN	1ь	CITY OR TOWN (IF		orole limits, write R	0.		n)
d. NAME OF HOSPI OR INSTITUTION VETERANS	TAL (If not in hospitol, of ADMINISTRA				BALTIM d. STREET ADDRESS 211 NOT		DEIRA STR	DET .	- AC DE	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	HAR	517	Middle L		Lost CARMAN	4. DATE OF DEATH	APRIL	ith	Doy 6	Yeor 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	NEVER MARRIED [		TE OF BIRTH	390	9. AGE (In years last birthday) 67 yrs.		YEAR IF UND	ER 24 HRS. Min.
JANITOR  13. FATHER'S NAME  HARRY E (	CARMAN	) A		USE 14	CAMDEN, No MOTHER'S MAIDEN	EW JEF			S.A.	COUNTRY
1S. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	9-03-5510	17. INFOR		ADM HO	OSP FT H	OWARD	MD	
	mmediate (	) MY	ne for (o), (b), ond (c).] OCARDIAL, FIE	113	70 == -				UNKNO	DEATH
121		DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WAS PERFO YES	AUTOPSY DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (En	ter noture of injury in	Port I or Por	rt II of item 18.)		5 141	
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yes	20d. IN While of work	Not while	e. PLACE C factory,	DF INJURY (Home, for street, office bldg., et	m, 20f. (City	y or town)	(Co	ounty)	(Stote)
ACTUAL SIGNATURE	Coned	111	ed from JANUARI	Y &	vrred otll: 30	ADDRESS (S	the causes of treet, city or town,	ind on the stote)	e date stat	ed above ATE SIGNED
220. BURIAL, CREMATIC			22c. NAME OF CEMETER			22d. LOCA	TION (City, fown, o	or county)	(Sto	te)
BURTAT.  23. FUNERAL DIRECTOR	4-10	58	B. 7	ATIO	IAL	BAI	TIMORE I	MARYLA	ND	
WM. COOK-BL		009 H		BALT	175 may 1	PR 1 0 '		STRAR'S SIGN	- 1	

VS A15 (4) 15M 10/57 MAZO TO STADRINGO DESS

SILENCATE ASSESSMENT OF THE PRESENT OF THE PROPERTY OF THE PRO

BUREAU V. S.

8361 II 84V



I

0

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

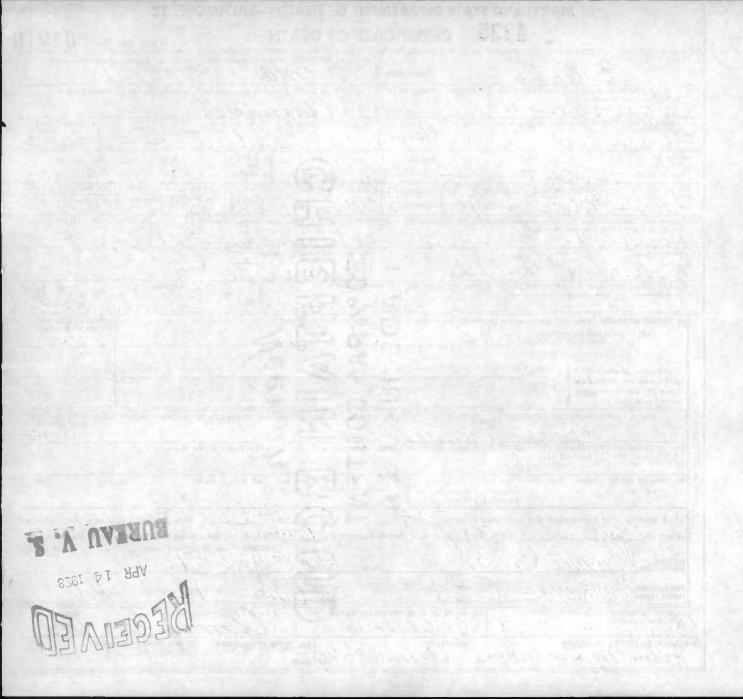
4235 CERTIFICATE OF DEATH

Reg. Dist. No.

04210

1. PLACE OF DEATH Ballo Co MARYLAND 2. US o.	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE  b. COUNTY
RURAY and give nearest town)	CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address)	Usmapolis 0210.2
Housson Convalescent Home	STREET ADDRESS, O 9 Condeut St ON A FARM? YES ON A FARM? YES NO 18
3. NAME OF DECEASED // First Middle	Last 4. DATE Month Day Year
(Type or print) HARPIET A Chi	165 OF ATH apr 10 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE   WIDOWED   DIVORCED   M	OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  1 St. birthday)  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	BIRTHRIACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife Home	Comakolis Md M. S. A
13. FATHER'S NAME 14. N	AOTHER'S MAIDEN NAME
William V. Nacad	tenriella Hayman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [11 yes, give wor or dates of service] [16. SOCIAL SECURITY NO. 17. INFORM	inore But 70 Phymouth Rd
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COCUMPINA BL	adden 2 UM
/ 8/. O DUE TO	
Canditions, if any, which ) (b)	
gave rise to immediate couse (a), stoting the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5 Secretary (memica)	YES NO
200. ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Port 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work	INJURY (Home, farm,   20f. (City or town) (County) (State)
Hour a. m.  While Not while factory, str	eet, office bldg., etc.)
21. I certify that I attended the deceased from 3-24	1938, to april 10, 1938, that I last saw the deceased
	red at 10/11PM, from the causes and on the date stated above.
1 D 0 7/1	ADDRESS (Street, city or) town, state)  DATE SIGNED
SIGNATURE CILVEUSE CI 1851 M.D.	6805 Work Kd.
PHYSICIAN'S LAURENCE C. Post	Baltimore 12 md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATION 22c. NAME OF CEMETERY OR CREMATION.	ATORY 22d. KOQATION (City, town, or county) (State)
23 FINALDA DIPECTOR'S CICNATION	amogestis Md.
John M. Taylor Sin Adoress Sinnapole	240. RECORD REGISTRAR TABLESTRAR'S SIGNATURE

VS A15 (4) 15M 9/55



HOSPITAL

0

. . . 1

BUREAU V.

8361 II 99A

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04212

	4	1237	CERTI	FICA	ATE OF	DEATH	1		Re	g. Dist. N	o. 135	±414
. PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND	2. USUAL RE a. STATE	Maryla		d lived. If insti b. COUN	ITY .	desidence be		
b. CITY OR TOWN (I	f outside corporate limit earest town)		GTH OF STAY		c. CITY O	R TOWN (If o	utside corpo	rate limits, writ				
d. NAME OF HOSPIT OR INSTITUTION	<u>Tille</u> AL (If nat in haspital, gi		mthl5dy	3		dena, l	Maryla	nd	0	d X	e. IS RES	
SPRING GR	OVE STATE	HOSPI T			Unk	nown	1					NO D
DECEASED (Type or print)	Ida	1	Middle Smit	h		osi ite	4. DATE OF DEATH	A	Apr			Year 19 58
i. SEX		7. MARRIED		_	B. DATE OF BI	RTH 7.00		9. AGE (In year lost birthda	ars IF U	nths Days	R IF UND	-
female  0a. USUAL OCCUPATION	White ON (Give kind of work d	WIDOWED D	DIVORCE	_	Jan	PLACE (Stote	or foreign c		/rs.	2. CITIZEN		
hou sew	ring life, even if retired)				I NOTHER	New I'S MAIDEN N	York			U. S	. A.	
	s Smith				14. MOTHER		n Butl	er				
Yes, no, or unknown)	R IN U. S. ARMED FORG	rvice	SECURITY NO	_	NFORMANT	CERTA	10 OT		ddress	IIOG	DTM +X	
NO CAUSE OF DEA	ATH [Enter anly one cou	unkno			cords:	SPRIN		OVE S	CATE		PIT AL	
Conditions, if or gove rise to it cause (o), stating lying couse lost.  PART II. OTH	mmediate (		osclero						GIVEN II	N PART I(a)	19. WAS	AUTOPSY
20a. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE H	OW INJURY O	CCURRED	). (Enter nature	of injury in P	ort I or Pari	I II of item 1B.)			YES [	NO TO
-	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)											
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While No	OCCURRED of while work	20e. PLA foc	ACE OF INJURY tory, street, off	(Home, farm, ice bldg., etc.	20f. (City	or town)		(Caunt	1)	(State)
alive an Ap	at I attended the	. 19 58	m Apr., and that	death	occurred o	1.4:00r	LM, fron	the cause reet, city or too	s and	an the d	ate state	decease ed abave ATE SIGNE -11-56
PHYSICIAN'S NAME (Type)	Bruno Rac					onsvi		,				
20. BURIAL, CREMATION REMOVAL (Specify) Cremation		1958	Green				22d. LOCAT	Balti			(Store	
3. FUNERAL DIRECTOR		A	DORESS			24a. REC'D	BY REGIST			R'S SIGNAT		1
William (	Cook, Inc.	1217	St. Pa	aul	Street	DATEDR	1.5 '58	Da	1	-1		

moy be retained by VS A15 (4) 15M 10/S7

pospitol or offending physicion.

8381 BI AGA

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4238 CERTIFICATE OF DEATH

-	()	4	2	1	3
				_	

-		
N	1	)
	5	0
		1
	-	"

AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 stoined by fospital or attending physician.

LEURECT After this certificate has been signed by the attending physician and campletely filled in by the principal director, ould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with or prior to burial, crematian, ar removal, and in any event within 72 hours ofter death.

IO MOSPITA	moy be re	TO FUNERA	poge 3 sh	the registr
			5 (4	

		200					ney.	DIST. IT	10.
1. PLACE OF DEATH o. COUNTY	BALTIMORE		MARYLAN	11 4	USUAL RESIDENCE (WHO STATE MARYLA)		If institution; Resi COUNTY	idence be	efare admission)
b. CITY OR TOWN ( RURAL and give n FORT HOW	If outside corporate limits, earest tawn)	write	c. LENGTH OF STAY IN 1	b	E. CITY OR TOWN (IF o		nits, write RURAL o	nd give r	nearest town)
	TAL (If not in hospital, give	e street o	22		d. STREET ADDRESS	LL	3 7 6	1-	e. IS RESIDENCE ON A FARM?
VETERANS	ADMINISTRAT	ION	HOSPITAL		1732 NOR	TH CAREY	STREET		YES NO
3. NAME OF DECEASED (Type or print)	First JOHN		Middle W		CLARK	4. DATE OF DEATH	Month APRIL		Doy Yeor 6 19 58
5. SEX MALE		MARRI	DIVORCED		UARY 12. 18	9. AG lost	birthdoy) Mont		AR IF UNDER 24 HRS.  S Hours Min.
10a. USUAL OCCUPATION during most of work CHAUFFEUR	ON (Give kind of wark da king life, even if retired)		RIVATE FAMIL	DUSTRY	11. BIRTHPLACE (State BALTIMORE	or foreign country) MARYTAN	200	U.S.	OF WHAT COUNTRY
13 FATHER'S NAME				14	MOTHER'S MAIDEN N	IAME			
	CLARK				MARY SNOW	DEN			
YES	FR IN U. S. ARMED FORCE [It yes, give war or dates at serv  WW-1	ice)		CLIN		ADM HOSP	FT HOWAR	D MA	RYLAND
PART 1. DEA 58/. O Canditions, if o gove rise to i cause (a), stating lying couse last.	mmediate the under- DUE TO (c)_	P	ORTAL CIRRHO					0:	NTERVAL BETWEEN INSET AND DEATH UN KNOWN
S COLECT	TOMY FOR ADE		ONTRIBUTING TO DEATH I	BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCUI	RRED. (En	ter nature of injury in P	Part I ar Part II of i	tem 18.)		
20c. TIME OF INJUING Hour a. m. p. m.	RY Month, Day, Year 19	20d. IN While at work	Not while	PLACE (	DF INJURY [Home, farm, street, office bldg., etc.	20f. (City or taw	m)	(Count	ty) (State)
ACTUAL SIGNATURE	DONALD D MAR	Mu	d from MARCH Li	ath occ		M, from the	causes and or ty or town, state)		
REMOVAL (Specify)	4-7-70		22c. NAME OF CEMETERY BALTIMORE				ity, tawn, ar caunt E MARYLAI		(State)
23. FUNERAL DIRECTOR CHARLES R 1	'S SIGNATURE	802	ADDRESS MADICONI ATTE	DTA	mo 300	BY REGISTRAR	24b. REGISTRAR'S	SIGNAT	TURE
Ourithin I	LAW PIURTUARI	002	MADISON AVE	BLA	TO MD DATE DO	0 100	0001	1	

CERTIFICATE OF DEATH

. . .

BUREAU V. S.

8381 8 AGA

			4239	CERT	IFICA	ATE OF DEATH	1	ione, ro	Rog. Dist. No	0421
0.	ACE OF DEATH COUNTY	Balt	imere		RYLAND	2. USUAL RESIDENCE (WI		l. If institution: b. COUNTY	Residence before Bali	ore admission)
	RURAL ond give ne	Kingsvil	1/e	LI Fa	Y IN 1b	c. CITY OR TOWN (# 6	outside corporate li	mits, write RUR	AL and give ne	earest fown)
d.	OR INSTITUTION	AL (If not in hospital,	Belai	r Rd.		d. STREET ADDRESS  Bela	ir Rd			e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF CEASED (pe or print)	Ma	int,	E, Midd	· CI	oman	4. DATE OF DEATH	Month	v. 7 0	oy Year 29 19 5
5. SEX	remale	6. COLOR OR RACE White	7. MARRIED WIDOWED			B. DATE OF BIRTH  OCT. 20, 18	98 9. AC		UNDER 1 YEAR	Hours Min.
	HOUS	N (Give kind of warking life, even if retired CUI I FC	dane 10b. KIN d}	At He	or indus	Balto	Co, Me	1.	12. CITIZEN	S, A.
	THER'S NAME	rank	Hart	Kopf		14. MOTHER'S MAIDEN N	A, S	ittig		
(Yes, no	No 1	IN U. S. ARMED FO I yes, give war or dates of	service)	Vone	Mr	John F. Clo	man	Address	Hyde	s, Md,
	PART I. DEAT 4/6 X Conditions, if an		0) (0	leun	ter	E Hear	t Fa	ilur	e s	SET AND DEATH SOLARY O YMS
- 1	gave rise to in cause (a), stating t lying cause last.	DUE TO	(c)							1
CERTIFICATION	Ru	raite	5/	nece	ile	NOT RELATED TO THE TERMI	101	JAJ-	I IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
. 1	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Jem 18.)									
MEDICAL 02	C. TIME OF INJURY Hour a. 51. p. m.	Month, Day, Ye	White at work	RY OCCURRED  Nat while at work	20e. PL/ fac	CCE OF INJURY (Home, farm tary, street, affice bldg., etc.	20f. (City or to	wn)	(County)	(State
	21. I certify that I attended the deceased from Duff: 22, 1934, to 1934, to 1934, 1958 that I last saw the deceased alive on 1944 M. from the causes and on the date stated above									
Pi	CTOAL SHATURE	ford J	5/4	udse	m	NO. FO	ADDRESS (Street, o	ity or town, sta	D.	DATE SIGN
22o. B	URIAL, CREMATION EMOVAL (Specify)	1, 22b. DATE THERE	OF 258	Rc. NAME OF CEN	METERY OF	CREMATORY	22d. LOCATION (	City, town, or o	county)	(State)
	INERAL DIRECTOR'S	SIGNATURE	Love	ADDRESS 7401	Bola	24a. REC'S	D BY REGISTRAR  OR 3 0 '58	24b. REGISTR	AR'S SIGNATU	<u>Co. 17d.</u>

may be retained by Ahfer this certificate has been signed by the attending physician and campletely filled in by the woneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and the registrar prior to burial, cremation, ar remayal, and the registrar prior to burial, cremation, ar remayal, and the registrar prior to burial. death: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

8381 OE A9A

# FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 04215

					Reg. Dist. No.	INT		
1. PLACE OF DEATH	4	240			titution: Residence before admiss	ion)		
Bal	timore	MARYLAND	o. STATE Mary	land b. cou	NTY Baltimor	·e		
b. CITY OR TOWN (I		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		ite RURAL and give nearest town	1)		
		t in hospital, give street address)	d. STREET ADDRESS			IDENCE		
Harrist	ourg Expres	sway	Mt. Ca	rmel Rd.	YES T	NO X		
3. NAME OF DECEASED (Type or print)	Howard M	onroe Cole	Lost	OF .	onth Doy Yes 4-20-58 19			
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER	24 HRS.		
male	white w	DOWED DIVORCED	3-5-1901	logs bughday!	rs. Months Days Hours	Min.		
during most of working Asst. Engi	ng life, even if retired)	10b. KIND OF BUSINESS OR INDUS Metr.Dist.Bal	0.	_	12. CITIZEN OF WHAT CO	OUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Jame	s M. Cole		Rebecca	Vance				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES		INFORMANT	Addr	015			
no	[If yes, give war or dates of service	220-07-9596	Elsie P. C	ole, Parkto	on. Md.			
Conditions, if o gave rise to imme (a), stating the cause last.	diate couse							
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION (	PERFOR	JTOPSY MED? NO 👍		
	USE WAS NTRIBUTING [ 206. D	ESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Par	t I or Part II of item 18.)	the Auto	1		
20c. TIME OF INJU	Abrilones	20d. INJURY OCCURRED 20e. PU While Not while of work of work	ACE OF INJURY (Hame, form tory, street, office bldg., etc.	20f. (City or town)	County) Da 17/1mi	(Slole)		
21. I certify th	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my							
apinion death	resulted fram: Nat	ural causes []. Accident	Suicide	Hamicide 🔲, Unde	etermined manner			
ACTUAL SIGNATURE	Kalle	+ Conormely	M.D. CHIEF MEDICAL EX	CAMINER []	DATE SIG	NED		
EXAMINER'S NAME (Type)	Barksta	Downell	ASSISTANT MEDICAL		4/2-1/	18		
220. BURIAL CREMATIC REMOVAL (Specify) Burial	226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	Parkton,				
23 FUMERAL DIRECTOR	S SIGNATURE 622 3	fork Ha., Towson	14, Md. 240. REC' DATEAP	0 :=0	GISTRAR'S SIGNATURE			

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours offer death. If any delay is necepary, please execute the certificate ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dir. P. Page 4 should be farm, and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for four files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours ofter death. VS A15ME 5M 2/57

Former Hownes Cole

Perpendicular and property of the personal perso

BUREAU V. S.

8361 88 HdV

. h. . most ruf-

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. Nd.) 4216 directa 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 0 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alfond give nearest lown rayrous d. NAME OF MOSPITAL (If not in hospital, give street address) d. STREET ADDRESS É 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months DIVORCED | WIDOWED | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER WYU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CC **DUE TO** þ ij. ago Conditions, if ony, which gned gove rise to immediate per **DUE TO** casse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year factory, street, office bldg., etc.) 0. m. While Not while ot work of work ottended the deceased from Othor I lost saw the deceased and that death occurred .I.A.M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DIRECT ACTUAL prior SIGNATURE O PHYSICIAN'S NAME (Type) FUNER 3 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or county) TO REMOVAL (Specify) URIAL

ADDRESS

0

VS A15 (4)

15M 9/55

234 FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stote)

(Stote)

Doys

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE APR 3

ON A FARM? YES NO

Year

Min.

8361 OS 844



VS A15 (4) 15M 10/57 0

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4242 CERTIFICATE OF DEATH

Reg. Dist. No. 1237

1	Solving Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a STATE b. COUNTY FIRE	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	The state of the s	ve nearest town)
	Mt. Wilson, Maryland 492 mon H.	RURAL FREDERICK	10 x 2
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS  R. D. # 2 FRED FRICK	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Buchanamodule	Lost 4. DATE Month	
	(Type or print) WILLIA 17	ANCOSGRAVE DEATH	9 1958
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	0 10 14 43 yrs.	Pays Hours Min.
110	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
	FARMER FARMING	MARYLAND U	.S. A
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	HARRY G. COSGRAVE	ARNIE DIXON	
	Yes, no, or unknown     (If yes, give war or dates of service)	INFORMANT Address	
	F (A) 1 (1) (1) (1) (1) (1) (1)	Hospital Records, Mt. Wilson State	Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PULMONAR	Y TUBERCULOSIS.	ONSET AND DEATH
	OO2X DUE TO		3
	Conditions, if ony, which ) (b)		
	gove rise to immediate couse (a), stating the under-		
	lying couse lost. (c)		
12		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY
) E			PERFORMED? YES NO 1
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port It of item 18.)	
		PLACE OF INJURY (Home, form, 20f. (City or town) (Co	
MEDICAL	Hour a.m. While Not while p. m. 19 of work of work	octory, street, office bldg., etc.)	unty) (Stote)
	21, I certify that I attended the deceased from 9. 2	f., 1956, to 4-9-, 1958, that I la	ist saw the deceased
		th accurred at 5:30 A.M. from the causes and an the	data stated chave
	1 10	ADDRESS (Street, city or town, state)	DATE SIGNED
1	SIGNATURE William Mirannin	M.D. Mt. Wilson, Maryland	1-9-5P
	PHYSICIAN'S NAME [Type] William Newcomer, M.D.	Superintendent	
22	20. BURIAL, CREMATION, BEFFECT LILES MOUNT OLIVET	OR CREMATORY 2d. LOCATION (City, town, or county) Frederick, Maryland	d. (State)
23	B. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE APR 1 0 '58	NATURE
	The state of the s	The state of the s	auch

V UALRUS SEST OI A9A

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

VS A15 (4) 1SM 9/SS

death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4243 CERTIFICATE OF DEATH

Reg. Dist. No. 4218

1. PLACE OF DEATH o. COUNTY  Balto,	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Balto							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  TOWSON	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Timonium							
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 200 W. Pennsylavnia		d. STREET ADDRESS	Iry Church Rd.	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First DECEASED (Type or print) RICHARD	Middle FRANCIS	CROOK, SR.	DATE Month OF DEATH April	Day Year 19, 19 58					
s. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH  June 17. 1901	9. AGE (In years IF UND lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU		foreign country) 12. (	CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Francis Marion Crook		Bianca Mal							
(Yes, no, or unknown)   [If yes, give war or dates of service]	4	NFORMANT Richard F. (	Address Crook, Jr3518 W	ilc Cherry Ed.					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PA	ONSET AND DEATH  ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO					
206. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Pol							
Hour o. m. While	NJURY OCCURRED 20e. PL. Not while of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20t. (City or town)	(Caunty) (State)					
21. I certify that I attended the decease alive an Hope 19 19 3  ACTUAL SIGNATURE TO HOME SIGNATURE TO HOS FILE SETTLE  PHYSICIAN'S NAME (Type) 405 H. 15 ETL	55, and that death	accurred at 130 f.	M, from the causes and an indexes (Street, city or town, stote)						
220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23. FUNERAL DIRECTOR'S SIGNATURE	22c, NAME OF CEMETERY O  Loudon Pari	Cem. 24a. REC'D	2d. LOCATION (City, town, or county  Balto, 1  BY REGISTRAR 24b. REGISTRAR'S S	Md.					
Min. J. Juliant 1	reen reen	DATE ADI	12 2 '58	arek .					

CERTIFICATE OF DEATH

SCENA N POR ACTION OF THE PARTY OF THE PARTY

and a later

Research of the second

a of aumend

8361 83 A9A

DECENTED

OF ENGINEERABLISHED THE MITTER SECTION OF A PURPLE AND ATTARON TRADETTES 





**ADDRESS** 

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Yeor 19 IF UNDER I YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address HOSFITAL STATE INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO TO (County) (Stote) So that I last saw the deceased and that death occurred at 8 Ps. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED STATE A CHSLEP Catonsville 28, Maryland 22c. NAME OF CEMETERY OR CREMATORY

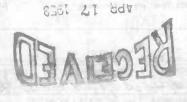
240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

poge 0 VS A15 (4) 15M 10/57 ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE



BUREAU V. S.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

deoth. Page

PLACE OF DEATH

# MARYLAND STATE DEPARTMENT 4204 CERTIFIC

CERTIFIC

RTIFIC	ATE OF DEAT	Н		Reg. D	ist. No	042	221		
MARYLAND	FIG.								
STAY IN 16	give ne	orest town	)						
	d. STREET ADDRESS 876 M	ildred	Ave.				IDENCE FARM? NO		
Middle T.	DAVIS	4. DATE OF DEATH	Man A)	m pril	De	2	reor 58		
MARRIED 3	8. DATE OF BIRTH		9. AGE (In years		TYEAR	IF UNDE	R 24 H#S.		
ORCED	Jan. 27, 18	92	lost birthday) 60 yrs.	Months	Days	Hours	Min.		
IESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign c	ountry)	12. CI	TIZEN C	OF WHAT	COUNTRY		
ykyh/	Maryland								
//	14 MOTHER'S MAIDEN					-			
	Hannah Th	Omneon							
Y NO. 17.	INFORMANT	Ompson	Adde	· 055					
568 M	rs. Nellie Br	omwell	- 876 M	ildre	d An	VA.			
nd (c).]		021111 0 21.21	010 34	-2420		ERVAL RE	TWEEN		
	ar Accident				ON	SET AND			
4 600 0 (12.4	a goorway					O da	10		
lamati	Candia Vaca	T en l	100000			3 ve	024.0		
Taloct	cardio Vasc	arat. D	130836			2 Ag	ars		
O DEATH BUT	T NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	(T 1(o)	19. WAS A PERFO	AUTOPSY RMED?		
JRY OCCURRE	D. (Enter noture of injury in	Port I ar Por	t II of item 18.)						
- 15									
D 20e. Pl	ACE OF INJURY (Hame, for	m, 20f. (City	or town)	- (	County)		(State)		

1	Bal.	to.		MARYLAN	D G. SIAIE	Md.		b. COUNTY	13	11 /2	5	
	b. CITY OR TOWN (II RURAL ond give ne Arbutu		its, write	c. LENGTH OF STAY IN 1	6. CITY OF	Dunda]		rote limits, write R	URAL ond	give ne	orest town	1)
	or institution 219 0a	AL (If not in haspital, o klee Villa		ldress)	d. STREET	ON						FARM?
3.	NAME OF DECEASED (Type or print)	Fii GRA	CE	Middle T.	DAVIS	ost	4. DATE OF DEATH	Mar	pril	De		Year 19 58
	sex Cemale	6. COLOR OR RACE white	7. MARRIE	D NEVER MARRIED [		7, 189	1	9. AGE (In years lost birthday) yrs.	Months 1	R 1 YEAR	Hours	R 24 HPS. Min.
10	o. USUAL OCCUPATIO during most of work Clerk (rtd	ing life, even if retired	done 10b. KI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ND OF BUSINESS OF IN	100	yland	or foreign co	ountry)	12. C	ITIZEN (	OF WHAT	COUNTRY
13	. FATHER'S NAME				14 MOTHER	'S MAIDEN N	IAME					
	John Davis				Hanr	nah Tho	mpson					
	. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO. 1	. INFORMANT			Add	ress			
	dish			12-07-0568	Mrs. Nell	ie Bro	omwell.	- 876 M	ildre	d A	ve.	
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Con	for (o), (b), and (c).]	lar Accid	ent					ERVAL BE SET AND 3 da	DEATH
NTION	Conditions, if on gove rise to in couse (o), stoting I lying couse lost.  PART II. OTH	he under-	Art	eriosclerot					/EN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCU	RRED. (Enter noture	of injury in t	Port I ar Port	II of item 18.)			1E2 []	но 🔀
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	URY OCCURRED 20e. Not while of work	PLACE OF INJURY foctory, street, affi	(Hame, farm ce bldg., etc.	, 20f. (City	or town)		(County)		(State)
	21. I certify that I attended the deceased from 3-31-58 , 19 , to 4-3-58 , 19 , that I last saw the deceased alive on 3-51-58 , 19 , and that death accurred at 1:00 P M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE M.D.											
	PHYSICIAN'S NAME (Type) Ja	mes R. Gra	bill N	I.D.	1945	W Bel	to s	t. Balto	23	-Md.		
22	o. BURIAL, CREMATION REMOVAL (Specify) Purial		1958	22c. NAME OF CEMETER Loudon				ION (City, town,			(Stote	e)
23	FUNERAL DIRECTORS	SIGNATURE	ner	Town 1	butter.	24a. REC'I	BY REGIST	0		ignatu	RE	

TO FUNERAL DIRE TO HOSPITAL OR



MANUAL STATE DEPARTMENT OF HEALTH SALTIMORE 18

CERTIFICATE OF DEATH

DISTRICT

DISTRI

A THE CONTRACT OF A STREET OF THE STREET OF

8361 B 84V

DECENATIO

INTERNAL PROPERTY OF

offered by the second special field

()	12	2	2
----	----	---	---

							-		
1. PLACE OF DEATH O. COUNTY B	altimore		MARYLANI	2. USUAL RESIDENCE (W	vhere deceosedryland		on: Residence Balt	e before odm imore	ission)
b. CITY OR TOWN (II RURAL ond give ne Towson	f outside corporate limit carest lown)	ls, write	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (IF		rote limits, write R	URAL and gi	ive nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g  1 Alabama			d. STREET ADDRESS	olina	Rd.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Paul		risby D	avis, Sr.	4. DATE OF DEATH	4-2.		Doy	Yeor
5. SEX male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-28-06		9. AGE (In years lost birthday) 52 yrs.	-	YEAR IF UN Doys Hour	
Vic.Pres	ing life, even if retired)		KIND OF BUSINESS OR INI Onstruction		and	ountry)		S.A.	
13. FATHER'S NAME	. Davis			Mary Com					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFORMANT	1010	Add	ress		
(Yes, no. or unknown)	(If yes, give wor or dates of se		03-03-7994	Jennie Lee	Davis	ab	ove		
PART I. DEA 420,/ Conditions, if all gave rise to it cause (o), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate the under- (c)	Ca		NEARCTION THROMBOSIS THROMBOSIS THROMBOSIS				ONE 18 Y	MINUTE
200. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH			OUT NOT RELATED TO THE TER!			EN IN PART	PERF	S AUTOPSY FORMED?
	MEDICAL EXAMINER) Y Month, Doy, Yee	20d. It While of wor	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City	or town)	(Co	ounty)	(State)
alive an	or lattended the	19	151	19 <sup>53</sup> , to 19 occurred at 10:15  M.D. 25 W.			and an th		
220. BURIAL, CREMATIO REMOVAL (Specify) DURIAL	N, 225. DATE THEREO	F	Prospect			son 4,	or county) Md •	(St	ote)
23. FUNERAL DIRECTOR		22 Y	ork Rd., Tow	son4, Md 240. REG	C'D BY REGIST	TRAR 24b. REGI	STRAR'S SIG	NATURE	

moy be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. TO HOSPITAL OR VS A15 (4) 15M 9/55

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours all

. 4 nonnet . 027 3 . SE Englished St. . JO shedain intaby our constant bursigns of moldour amou doubless of BUREAU V. S. 835. 4 8dV ECEDAED

Litt dommark | Bright but it but it but it company but it but it

Military Species of the Sec

e. IS RESIDENCE

Haurs

INTERVAL BETWEEN ONSET AND DEATH

lov-a

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

Day

Doys

(County)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATAPR

YES NO

Yeor

195

Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c-CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle Lost 4. DATE Month DECEASED OF DEATH (Type ar print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Manths WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11\_BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Armer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, affice bldg., etc.) Hour o. m. Not while at wark at wark 21. I certify that I attended the deceased fram. . 19 ... that I last saw the deceased and that death accurred at 3.50/1M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION, (City, town/ or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

10 VS A15 (4)

FUNER

HOSPITAL

be retained AL DIRE 3 should

with

filed

puo 2

papers.

carbon

burial-transit

pup

death.

offer



A9A

lifes that the death certificate be executed within 24 hours ones, death. Page 4	ned by the attending physician and campletely filled in by the roneral directar,	permit. Then please remave carbon papers. Pages 1 and 2 should be filed with
Ö	-	2 5
noor	in by	pub
47	ed	_
VILLIA	ely fill	Pages
ecured	camplet	papers.
0	puo u	rbon
e	cio	0
erning	physic	remave
gedin	Hending	please
100	the a	Then
DE L	by	-
il de	paul	ermi

pup

burial-tronsit

FUNERAL DIREC

page

be retained

may

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04224

4248 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2 months Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Caton Ridge Nursing Home
329 Hariem Lane d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1739 N. Charles St YES NO T NAME OF Middle 4. DATE Month Day Year DECEASED Charles Deck (Type or print) April DEATH 5 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Male White WIDOWED A 7-28-1886 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Public Schools Baltimore, Maryland USA Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Deck Agusta Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Mrs. Anna Sevbold.5230 Linden Hts Ave-15 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which Cheman gave rise to immediate **DUE TO** couse (o), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. 11. While Not white at work at work p. m. 21. I certify that I attended the deceased from 19-57, that I last saw the deceased alive on and that death occurred at 10 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BEMOVAL (Specify) 4-8-58 Olivet Baltimore. Marvland Cemeterv 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 902 Eutaw Place

Maria Distriction of the Control of the Control The last of the state of the st

this

of

After this

after death. Aft

the registrar within 72 hours in by the funeral director, th

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transity parmit.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 124 CERTIFICATE OF DEATH

04225

# 243	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY SALTIMORE MARYLAND	STATE MARYLANDCOUNTY South
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this plece)	CITY (If outside corporate timits, write RURAL end give nearest town) OR
TOWN HYDE Mp. 334RS.	X TOWN HYDE, MD.
HOSPITAL OR INSTITUTION OR CYPETY ADDRESS OF THE CONTROL OF THE CYPETY ADDRESS OF THE CY	/ STREET (If rural give location)
STREET ADDRESS (First) ARM KD.  3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Ceciliz De	Field DEATH April 4 50
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE C	1900
RACE WIDOWED, DIVORCED, (Specify) Apering A.	13, 1892 65 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
retired) HOUSEWIPE AT HOME	BUFFALO - N.Y. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or detes of service)	77
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	orish Cristadenoma 7. 985
1 / J. O IMMEDIATE CAUSE (A)	orion Cystedenome Zyrs.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO FET
21a. ACCIDENT WAS UNDERLYING   21b. PEACE (Homa, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY streat, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work Not while et work	
22. I hereby certify that I attended the deceased from	19.57, to April , 19.58, that I last saw the deceased
alive on April 19.5%, and that death occurred a	t
	ADDRESS (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF /   NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	in airea Daniero A. A.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FINERAL DIRECTOR'S SIGNATURE! ADDRESS
ADD O	Tomala turillans 7401 Below, Pri

DW ., - Le ...

MINISTER CONTRACTOR OF THE STATE OF THE STAT

PRETITION TO STATISTICATE OF DEATH

BALTINIORE
HYDE, MO. 33ges.
GLEN FRM Ro.

MARYLAND HYDE, MO-GLEN FRM RO-

HOUSEWIFE AT HOME BUFFALO - N.Y. U.S.A.

PROLPH EDELMANN DOROTHY SCHAN ALZ

NO 220-20-7977 MR JAY DE FIELDS GLEK ARM RD

BUREAU V. S.

1958 8 1958

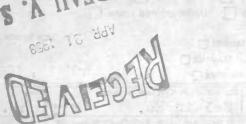
BURIAL 4-1-1958 FORK METHODIST CEN BALTINGEE CO- MO-

**EXAMINER: This** 

DEPUTY

BE SHOUND STATE DEPENDENT OF HEALTH-BALITATE CHAPTERS

muco			4250	
	THE RESERVE TO SERVE			
			Marie C	
RIBERO			Long of the	
		Device the Contract	William Street	



00

eral director, be filed with

After this certificate has been signed by the attending physician and campletely filled in by the property of the foruse as the burial-transit permit. Then please remaye, carbon papers. Pages 1 and 2 shawld

death: Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1951 CERTIFICATE OF DEATH

04227

		3	SPOT	CERT	IFICA	AIE OF DEAIR		Reg. Dis	t. No.	INW
1.	PLACE OF DEATH a. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Mary.	b C	institution: Residence	e before o	idmission)
	b. CITY OR TOWN (I RURAL ond give ne	f autside corporate limits, carest town)	write c.	LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (IF o	utside corporate limits,	write RURAL and g	ive nearest	town)
	d. NAME OF HOSPIT	AL (If not in hospital, giv	e street add	iress)		d. STREET ADDRESS			e. 1	S RESIDENCE
		22 Elmont	Ave	•		22 Elmo:	nt Ave,			ON A FARM?
3.	NAME OF DECEASED (Type or print)	Antho		Middle C.	Dol	Dobrydorowolski	4. DATE OF DEATH	Month 4	Doy 12	Year 1958
	Male		VIDOWED	DIVORCE	DO	B. DATE OF BIRTH June 12, 18				UNDER 24 HRS.
F	oundry W	(ing life, even it refired)	Bar	tlett-H		14. MOTHER'S MAIDEN N	oland		ZEN OF W	A .
1S.	WAS DECEASED EVE	R IN U. S. ARMED FORCE	inal I	CIAL SECURITY NO -07-953		os. Stella		Address	lmon	t Ave.
		mmediate (				the lungs			ONSET	AL BETWEEN AND DEATH
CERTIFICATION	PART II. OTH					NOT RELATED TO THE TERMI			P	VAS AUTOPSY ERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRI	BE HOW INJURY O	CCURRED	). (Enter noture of injury in P	Port I or Port II of item	18.)		
MEDICAL	20c. TIME OF INJUR Hour a. jr. p. m.	Y Month, Day, Year 19	20d. INJU While of work	RY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(C	ounty)	(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the control of the con	le le ard R	y and that	r death	M.D. 1 W. O	AM, from the con ADDRESS (Street, city or Verlea AV	uses and an the town, state) Te. Balt	e date :	stated above DATE SIGNE
226	BREMOVAL (Specify)	4-16-19 F		St. Sta			22d. LOCATION (City.  Dundal	town, or county)	Md.	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the hospital at attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physic page 3 should be defached for use as the burial-transit permit. Then please remave the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs, VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Duda 2829 Hudson St. 24, Md. 24a. REC'D BY REGISTRAR APR 1 6 '59

246. REGISTRAR'S SIGNATURE

las proudet .0

. DYASTROLIN SS

differential delicasions

aser ar outsi

Avery an - the 11 man

DEA TROPER 22

8391 81 A9A



w /

CERTIFICATE OF DEATH

1959

04228

<u>_</u>	. 4397	,		Reg. Di	st. No.
1.	PLACE OF DEATH a. COUNTY Baltimore -	MARYLAND	II a. STATE ///	deceased lived. If institution: Resident Land b. COUNTY Ba	ce before admission) Ltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearestytown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	de corporate limits, write RURAL and (	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 8706 Raven D		d. STREET ADDRESS  8706 Rat	ven Drive	e. IS RESIDENCE ON A FARM? YES NO
5.	NAME OF DECEASED (Type or print)  SEX   6. COLOR OR RACE   7. MARRI	Middle  M. /	0	1 1 1 1 1 1	Day Year 15, 1958 1 YEAR IF UNDER 24 HRS.
10	male white WIDOWE	7	May 23, 1888	6 9rs.	Days Hours Min.
1	Retired Machinist		Baltimore	e, Maryland	USA
13	. father's Name John Downey		14. MOTHER'S MAIDEN NAME	h Houck	
		SOCIAL SECURITY NO. 17.	INFORMANT	Downey, gr.	same
	18. CAUSE OF DEATH (Enter only one cause per limited part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	för (a), (b), and (c).	kneum	onia	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate couse (a), stating the under-	Circho	sis of à	Civer III	
FICATION		ca		DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF		RIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in Part I	ar Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 While at wark	Not while fo	LACE OF INJURY (Home, farm, 20 pactory, street, affice bldg., etc.)	Of. (City or town) (C	County) (State)
	21. I certify that I attended the decease alive on 19.	-		1, from the causes ond an the RESS (Street, city or town, stote)	last sow the decease he date stoted above DATE SIGNE
	PHYSICIAN'S NAME (Type) Harold V. He	arbold	M.D. 4706 Ha Baltimor	rtord Road #14	4/16/
27	G. BURIAL (REMATION, REMOVAL (Specify))  BURIAL (Specify)  4/18/58	22c. NAME OF CEMETERY OF WOOdlawn		LOCATION (City, town, or county) Baltimore, Ma	ryland
23	FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305	Harford Roc	ad #14 PATE APR		GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs often 1th. Page 4 may be retained to this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 10/57 M

SSE: 18 89A THE SEE 1958

BUREAU V. S.

may be retained by

VS A15 (4) 15M 9/SS

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4253

**CERTIFICATE OF DEATH** 

Pag Dist No

04229

	Keg, Dist, No.
1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY D. STATE D. COUNTY D.
+	b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	PRIRAL and give nearest town. 1 LLS 2YBS. WESTMINSTER 0627.2
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  or INSTITUTION  ON INSTITUTION  ON A FARM?  F. 1 A P P P T OWN P P P P P P P P P P P P P P P P P P P
3.	NAME OF DECEASED A First Middle Lost 4. DATE Month Day Year
-	(Type or print) (7 EUNGE FRANCIS ECRETIRODE DEATH APPIL 15 1938
L	SEX:  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   VIDOWED   DIVORCED   12-2-1874  9. AGE (In years lest birthdoy)   Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	JOHN E, ECKENTODE ANNIE E, STONER
IS IY	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  on no or waterough  If yes, give wor or dotes of service 216-22-7865 AMPS. MILDRED DE VESE GUINS MISS.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH AND DEAT
	PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (6) CIrclard Thrombasis  33.2 X  HMMEDIATE CAUSE (6) CIrclard Thrombasis
E	Canditions, if ony, which) (b) arteresoclerous, - atresolutions (Canditions)
	gove rise to immediate coess (a), stoting the under-
z	lying couse last. (g
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o. m. 19 While Not while of work at work at work 19 of work 19 Not while of work 19 Not while of work 19 Not while of work 19 Not work 19 Not work 19 Not while of work 19 Not work
L	21. I certify that Lattended the deceased from 1956, to april 15, 1957, that I last saw the deceased
	alive on
	ACTUAL SIGNATURE Clarence & My alliano M.D. Keinterston Mayard and 16 1959
	PHYSICIAN'S NAME (Type)
22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23	FUNERAL DIRECTOR'S SIGNATURE)  ADDRESS   ADDRE
4	Java City as Mara Welminelis I date

NARY MANORES STATE DIFFATMING OF MEATH-BALFIMORE. 18

. . . .

The same

or removol.

T.A.	7.0	194.9	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,  - MEDICAL EXAMINER'S CERTIFICATE OF DEATH	18	04230
ltem.	10	LITM	ATENICAL EVA MINIEDIC CENTIEICATE OF DEATH		0 2 0 0
			MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
			1054	Reg. Dist.	No.

a. COUNTY		7 31 4					1.6	
	Baltimore	е	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived	b. COUNTY Bal	to •	gamission)
b. CITY OR TOWN and give nearest	Vill optside corporate limits, we want onsville	rite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	onsville	imits, write RURAL on	d give near	est town)
d. NAME OF HO	SPITAL OF INSTITUTION	(If not in hos	pital, give street address)	/d. STREET ADDRESS	713 Charr	ing Cr <b>ó</b> ss		ON A FARM?
NAME OF DECEASED (Type or print)		ENE .	Middle F. HISSI	Last ELE	4. DATE OF DEATH	Month April	Doy	Year a 19
SEX Male	Wille	WIDOWE		UCT. 2/, 1	.900 lost b	(In years IF UNDER Months Yrs.		UNDER 24 HRS ours Min.
a. USUAL OCCUPA during most of wa	ATION (Give kind of work rking life, even if retired	k done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	le or foreign country)	12. CIT	IZEN OF W	VHAT COUNTRY
	Amhrein Bro		Rairer	German		lU	C	Λ
. FATHER'S NAME	William Ei	issele		14. MOTHER'S MAIDEN	NAME Dont	Know		
					20110			
. WAS DECEASED	EVER IN U. S. ARMED F	ORCES? 116.	SOCIAL SECURITY NO. 17. IN	EQRMANT .		Address		- 1 - 1
es, no, or unknown)	(II yes, give war or dates o	of service) 2 12	2-07-9334	Mrs. Anna I	Eissele.71	Charring	Cros	S
	DEATH [Enter only one co	ause per line i	for (o), (b), and (c).]			-1-3-1		BETWEEN ND DEATH
PART I. D	EATH WAS CAUSED BY:	0)	p	hdildd				
181.				8				
Conditions, if			rcinoma of bl	laddan (uni	nanu) in	operable	1	
gove rise to im	mediate cause		remona of b.	radder turi	mary) In	Obelgora		
(o), stoting the	underlying DUE TO						100	
COUSE TOST.	OTHER SIGNIFICANT CO	NOITIONS CO	INTRIBUTING TO DEATH BUT N	OT DELATED TO THE TER	MINIAI DISEASE CONI	NITION CIVEN IN DAS	T 1/21/10 1	WAS AUTORSY
DART II	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RI					THOIR GIVEN IN PAR		
PART II.	OTHER SIGNAFICANT CO							PERFORMED?
PART II.		001 0700					YES	PERFORMED?
20g. EXTERNAL PRIMARY OF CAUSE OF DEA	CAUSE WAS	20b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in P	ort I or Port II of item	18.)		PERFORMED?
20g. EXTERNAL PRIMARY OF CAUSE OF DEA	CAUSE WAS CONTRIBUTING   1 TH.   1 JURY Month, Day, You	ear 20d. I	NJURY OCCURRED 200. PLAC	nter noture of injury in Portion of injury in Portion of injury (Home, for ry, street, office bldg., e	rm, 20f. (City or tow	a side in		PERFORMED?
20g. EXTERNAL PRIMARY or CAUSE OF DEA	CAUSE WAS CONTRIBUTING   1 TH.   1 UURY Month, Day, You m.   15	ear 20d. I While of wo	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fo ry, street, office bldg., e	rm, 20f. (City or tow	n) (Co	YES	PERFORMED?
20a. EXTERNAL PRIMARY or CAUSE OF DEA'  20c. TIME OF IN Hour a. p.  21. I certify	CAUSE WAS CONTRIBUTING   1 TH.   1 UURY Month, Day, You m.   15	ear 20d. I While of wo	NJURY OCCURRED 200. PLAC foctor work emains described above	E OF INJURY (Home, fo pry, street, office bldg., e ve, held an Autop	zm, 20f. (City or tow	n) (Co	YES	PERFORMED?
20a. EXTERNAL PRIMARY or CAUSE OF DEA'  20c. TIME OF IN Hour a. p.  21. I certify	CAUSE WAS CONTRIBUTING   1 TH.  JURY Month, Day, You m. 15 that I took charg	ear 20d. I While of wo	NJURY OCCURRED 200. PLAC foctor work emains described above	E OF INJURY (Home, fo ry, street, office bldg., e	zm, 20f. (City or tow	ion [], Inqui	YES	PERFORMED?
20g. EXTERNAL PRIMARY Or CAUSE OF DEA' 20c. TIME OF IN Hour g. P. 21. I certify death result	CAUSE WAS CONTRIBUTING   1 TH.  JURY Month, Day, You m. 15 that I took charg	ear 20d. I While of wo	NJURY OCCURRED 200. PLAC foctor work emains described above	ce OF INJURY (Home, for hy, street, office bldg., eve, held an Autopoide , Homicia	osy, Inspect	ion [], Inqui	ry [], c	PERFORMED? NO'[] (Stote)
20g. EXTERNAL PRIMARY Or CAUSE OF DEA CAUSE OF DEA CAUSE OF DEA CAUSE OF IN Hour a. P. 21. I certify death result	CAUSE WAS CONTRIBUTING   7 TH.  JURY Month, Day, You m. m. 15 that I took charg ted from: Natural	ear 20d. I While of wo	NJURY OCCURRED 200. PLAC foctor work emains described above	ce OF INJURY (Home, for the property of the pr	osy, Inspect	ion [], Inqui	ry [], c	(Stote)
200. EXTERNAL PRIMARY Or CAUSE OF DEA CAUSE OF DEA Hour o. P. 21. I certify death result	CAUSE WAS CONTRIBUTING   1 TH.  JURY Month, Day, You m. 15 that I took charg	ear 20d. I While of wo	NJURY OCCURRED 200. PLAC foctor work emains described above	ce OF INJURY (Home, for the property of the pr	osy, Inspective, Undeter	ion [], Inqui	ry [], c	(Stote)
200. EXTERNAL PRIMARY OF INCAUSE OF DEA CAUSE OF DEA CAUSE OF DEA CAUSE OF INCAUSE OF IN	CAUSE WAS CONTRIBUTING   2 TH.  JURY Month, Day, You m. 15 That I took charg ted from: Natural GEO . S. M. A	ear 20d. I While of the r I causes Ca	NJURY OCCURRED 200. PLAC foctor work emains described above	ce OF INJURY (Home, for try, street, office bldg., eve, held an Autopaide ], Homician Assistant Medical DEPUTY MEDICAL CREMATORY	asy, Inspective, Undeter  EXAMINER  LEXAMINER  LEXAMINER	ion , Inquirmined cause	YES	(Stote)
20g. EXTERNAL PRIMARY Or CAUSE OF DEA'  20g. TIME OF IN Hour a. p. 21. I certify death result SIGNATURE  EXAMINER'S NAME (Type)  20g. EXTERNAL (Type)	CAUSE WAS CONTRIBUTING   21 TH.  BJURY Month, Day, You m. 15 that I took charge that I to	ear 20d. I While of the r I causes Ca	NJURY OCCURRED  Not while of work control of w	ve, held an Autopoide , Homicic  _M.D. CHIEF MEDICAL  ASSISTANT MEDICAL  CREMATORY	20f. (City or towns)  Ssy , Inspect le , Undeter  EXAMINER C  LEXAMINER C  22d. LOCATION (C	ion , Inquirmined cause	YES	(Stote)
200. EXTERNAL PRIMARY OF TO CAUSE OF DEA'  200. TIME OF IN Hour a. p.  21. I certify death result  ACTUAL SIGNATURE  EXAMINER'S NAME (Typo)  20. BURIAL, CREMA REMOVAL (Spen	CAUSE WAS CONTRIBUTING   21 TH.  BJURY Month, Day, You m. 15 that I took charge that I to	ear 20d. I While of the r I causes Ca	NJURY OCCURRED 200. PLAC foctor work mains described above the property of the	ve, held an Autopoide , Homicia  _M.D. CHIEF MEDICAL ASSISTANT MEDICAL CREMATORY	EXAMINER CLE EXAMI	Anril City, town, or county)	YES	(Stote)

THE PARTY OF THE P

S .V UAIRUR

r Digerra A se la Alemania. Al III esta por la III de la Cal

Electric rocci function

dia -

and the first completely and the first completely arrest to th

22.5

APR 16 1900

ro FUNERAL DIR VS A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

58

Epiphany Cemetery

Forestville, Maryland 246. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ON A FARM?

YES NO

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

Days

U. S. A.

HOSPITAL

(County)

95	PRINCESSES - LA STANDARD SA				
	PARAJO		- ASDA		
	to a foreign and the				
200	The second		d includance	AND REAL PROPERTY.	
	The latter of				
		the the			
				MESSES.	
	male and a make		Washing .		
nchastyes .al	ilwonerot you			6/4/8	Jal ede
		Same of	- Paris		

# FOR STATE Page files. Heolth, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessive execute the certification, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 haurs after death.

VS. A1SME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04232

	_	1980	Nog. with
		PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
)		Baltimore MARYLAND	O. STATE Maryland B. COUNTY Baltimore
	b	C. LENGTH OF STAY IN 16 ond give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
		Towson	55 Towson
	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspitat, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
,		1627 Naturo Road	1627 Naturo Road YES NO DX
	1	NAME OF First Middle  DECEASED (Type or print) Mr. William	Eurich Seath April 18th 1958
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	Lest Milet Anna
		male white WIDOWED DIVORCED D	Will 11. 1917 LO yrs. Months Doys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI luring most of working life, even if retired)	RY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Gas & Electric Co.	Baltimore. Maryland USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		John H. Eurich	Anna Holland
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no. or unknown) 1 (If yos, give war or dates of service)	FORMANT Address
		Mr	s. Jeanne Eurich, 1627 Naturo Road,
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATHS
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ulcclusion Sudden
		420.1 DUE TO	
		Conditions, if any, which) (b)	
		gave rise to immediate cause (a), stating the underlying DUE TO	
		couse tost. (c)	
	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	Ş.		PERFORMED? YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	3	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	MEDICAL	Hour a. m. While Not while factor p. m. 19 of work of work	ory, street, affice bldg., etc.)
		21. I certify that I taok charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and in my
		opinian death resulted from: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
		1211 1 = 5	
		SIGNATURE CAMERIA STORE PROPERTY	M.D. CHIEF MEDICAL EXAMINER
2		EXAMINER'S ()	ASSISTANT MEDICAL EXAMINER
		NAME (Type) parlesto lo NNell	DEPUTY MEDICAL EXAMINER 4 //8/18
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, tawn, ar county) (Stole)
		Burial 14/21/58 PIORCIANA	Park   Ballo Md
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	Leonard J. Rück 5305 Harford Road	#74 DARPR 21 '58 Rec
			in the state of th

DECEDVED. V. S. 1958

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		- ()	4	2	J	4
Reg.	Dist.					

I.	PLACE OF DEATH	ltimore	4201	MARYLA	- 1	2. USUAL RESIDENCE 0. STATE M	(Where deceo			before admission	n)
	b. CITY OR TOWN (If a and give nearest town)	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN		porote limits, write	RURAL and give	re nearest town)	
/	Parkton			life		X Pa	rkton				
0	a. NAME OF HOSPITA	LORINSTITUTION (	Evad	Parketer		Mt, Car	smel	Road		e. IS RESID ON A FA YES N	ARM?
3	NAME OF DECEASED	Fire	af .	Middle		Lost	4. DATE	Mont	th D	Day Year	
	(Type or print)	CHRIS	TIAN	ROBERT	DIDID	SER	OF DEATH	Apr	il 2	9, 195	58
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In years fall birthday)		AR IF UNDER 2	
	Male	White	WIDOWED		M	arch 13	1958	7 wks yrs.	Months Doy	s Hours Mi	in.
11	Do. USUAL OCCUPATION during most of working	N (Give kind of work of life, even if retired)	done 10b. Kl	ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SE	ate or fareign (	country)	12. CITIZEN	OF WHAT COL	UNTRY
	ne			nono	0.5	13001			m	d.	
1	3. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				
	caille	As 200.	700	101		Pauli	. 0. 1	draws	28-1	7/4	
ī	S. WAS DECEASED EVE			OCIAL SECURITY NO.	17. INF	DRMANT	a fr	Address	~ / ()		-
	Yee, no, as unidrows	lit yes, give war or dates of	service)	-	1	Dilles	1 800	70000	1 0	Preside	9
=	I CAUSE OF DEAT	H [Enter only one cou	re per line f	or (a) (b) and (c) ]		11100	are	1 acres		NTERVAL BETWEEN	_
		WAS CAUSED BY:			4 -	VV				DISET AND DEATH	
	11014	MMEDIATE CAUSE (a)	Bro	nchopneumon	1.81						
1	4711	DUE TO									
	Conditions, if an										
	gave rise to immedi (a), slating the u										
1	cause last.	(c)									
2	PART II, OTHI	ER SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PART 1(r	PERFORME	OPSY ED?
2		SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE	D. (Ente	er noture of injury in	Part I or Part 1	of item 18.)			
a Succession	20c. TIME OF INJUR' Hour a. m. p. m.	Y Month, Doy, Yeo	20d. It While at wor	Not while_	PLACE	OF INJURY (Hame, f., street, office bldg.,	arm, 20f. (Cit	y or town)	(County)	(5	Stote)
	21. I certify the	ot I took charge	of the re	emains described	obave	held an Auta	psy KT. I	nspection	, Inquiry	n. and in	n my
	apinian death r	esulted from:	Votural co	ouses 🔼 , Accide	nt 🔲	, Suicide ,	Homicide		ermined mai		
	ACTUAL SIGNATURE	William VI	hart			A.D. CHIEF MEDICAL	L EXAMINER			DATE SIGN	IED
4				3		ASSISTANT MED	DICAL EXAMINE	ER IS			
	EXAMINER'S NAME (Type)	William	V. Lov	itt, Jr., M	.D.	DEPUTY MEDICA	AL EXAMINER			4/29 58	}
2	20. BURIAL, CREMATION REMOVAL (Specify)			Proshed		EMATORY .	22d. LOCA	ATION (City, town,	or county)	(Stote)	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	7	240. RI	EC'D BY REGIS		STRAR'S SIGNA	TURE	
	Jane V. P.	Brookse	622	2 Gock Rd	100	WSON DATE	AY 5 '5	8 UU.	reduch		
0	20332	32 X V	5	1							

VS. A15ME 5M 2/57

MEDICIAL E CAMINGER'S CERTIFICATE OF DEATH world the country has been 1000 and the TO CONTRACT OF THE PARTY OF THE 

AK DACKE AR-SHAR TO THE ASSESSMENT OF A RESTRICT OF A STATE OF A S

ath: Page 4

50

ely filled in by the conerol director, Pages 1 and 2 shauld be filed with the attending physician and completely filled Then please remove carbon papers. Pages 1 , crematian, or remayal, and in any event within 72 hours after death. After this certificate has been signed by for use as the burial-transit page 3 should be de the registrar prior to

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oft may be retained b TO HOSPITAL OR VS A15 (4) 15M 10/57

2.000	Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY BALTIMORE MARYLA	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) a. STATE MARYLAND b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	1 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
FORT HOWARD 18 DAYS	× BALTIMORE
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION HOSPITAL	1339 POPLAR PLACE
3. NAME OF First Middle DECEASED (Type or print) CHARLES (NMT)	Lost 4. DATE Manth Day Year Of DEATH APRIL 5 19 58
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	APRIL 3, 1871   lost birthday)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	
BARBER	BALTIMORE, MARYLAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN FEIGER	ANNIE AMEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown)   (If yes. give wor or doles of service)	17. INFORMANT Address
YES WW-1 None	CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD.
110 - 1	RDIAL FIBROSIS  INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
40.1 DUE TO CORONARY ARTE	RIOSCLEROSIS WITH NARROWING UNKNOWN
Canditians, if any, which gave rise to immediate (b)	
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX NO
200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 While Not while of work of w	De. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that Wattended the deceased from MARCH	18 , 19.58, to APRIL 5 , 19.58 , the potest production of the contraction of the contract
	eath occurred at 5: 30 AM, from the causes and on the date stated above
Vin 1 Know 1 on 10	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE / SIGNATURE / MUCH MICH	M.D. VET. ADM. HOSP., FORT HOWARD MD 1-5-58
PHYSICIAN'S DONALD D MARK	M.D.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	ERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate)
Burial 4-9-58 BALTIMORE N	NATIONAL CEMETERY BALTIMORE MARYLAND -
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'DIND REGISTRANS 246. REGISTRANS SIGNATURE
WM.COOK-BLIGHT INC., 6009 Harford Rd	Balto Md DATE APR 1 0 '58 COLL ALLE

HEARD TO STADISTING

THE REPORT OF THE PROPERTY OF THE PARTY OF T

SEST II A9A

see the second section of the second section is the

**CERTIFICATE OF DEATH** 4259

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Balto. Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Woodlawn × Woodlawn d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 2501 Poplar Drive 2501 Poplar Drive NAME OF First Middle 4. DATE Month Year DECEASED OF April CORA ELIZABETH FIROVED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours female white WIDOWED | DIVORCED T Sept. yes 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife at home Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Davis Georgianna Duhay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frank H. Firoved - 2501 Poplar Drive 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 450.0 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m While Not while of work of work 21. I certify that I attended the deceased from: . 1928 that I last saw the deceased alive an \_, and that death accurred at //\_ M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE APR 9

filed 27 puo .5 death. oug ofter ā þ any pup burial-transit certificate 03 DIRE should FUNERAL 3 10

13

OB

MARYTAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 \* 65\* 1 100 Mary artists of the BUREAU V.

Item 12, Film G228, 4/21/58 CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND Md. Baltimore County b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 67 1206 Birch Ave Manor 5743 Edmondson Avle . Ridgeway YES NO .5 NAME OF Middle 4. DATE Month Day Year filled DECEASED 19 58 Firth 12. Sarah April (Type or print) Ann DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Hours DIVORCED | WIDOWED T Sept.29,1884 papers. White Female YES 6 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? acth during most of working life, even if retired) pup Duties England U.S.A. carbon ō ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John W. Gee Alice Fishwick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 77-18-9744Mrs Edith Callahan 1206 Birch Ave Arbutus 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ᇻ ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO by H. any Conditions, if any, which gned gave rise to immediate a c **DUE TO** cause (a), stating the underand lying cause last. burial-transit (c) peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES | NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) os 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (State) 0. 11. While foctory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I attended the deceased from Gril 12, 1958, that I last saw the deceased and that death occurred at 10 . M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE-SIGNED ACTUAL plands PHYSICIAN'S evic Kas NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) Jefferson Memorial Pittsburg, Pa. uria 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 W. Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VPR 15 1958

<	3	1	
1	0	1	
1	1		
L			

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4261

CERTIFICATE OF DEATH

114237

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY o. STAMaryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) ore Life Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION THE COST NUTSING HOME d STREET ADDRESS e. IS RESIDENCE ON A FARM 727 Cator Avenue YES NO NAME OF 4. DATE Middle Month Day Year OF DEATH (Type or print) 19 57 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS dophbirthday) Months Doys Aug. 12.1877 Female White WIDOWED-DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Hanover. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Reynolds Catherine Grav 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO. Miss Dolores Fitzpatrick -727 Cator Ave None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: roselerostic cardo varoular diseas 1/212. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) o, m Not while of work of work 1240 25, 19 77, to 21. I certify that I attended the deceased from 121. 19. 19. 18 that I last saw the deceased and that death accurred at 9:37 M, from the causes and on the date stated above. alive an DATE SIGNED ACTUAL PHYSICIAN'S FREDERICK V NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF AME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Park Cemeterv



REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

John A. Moran -3000 E. Baltimore St.

Memoria]

240. REC'D BY REGISTRAR

Baltimore, Maryland 24b REGISTRAR'S SIGNATURE

HI OF DEATH	ADRITATION CERTIFICA
	market transfer to the same
	The state of the s
Second Survey Services	
	Figure and Cause C
Listovar, S. C	
Catharitae Uray	To Addition of Countries A
TA motor 197- No but again from North as	000
8261 SK RAA	
MSIAMORIO	Property of the property of th

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1262 CERTIFICATE OF DEATH

04238

		350				80 S. Jan 13	Re	g. Dist. No	<b>5</b> .
1. PLACE OF DEATH o. COUNTY	IMORE		MARYL	11	USUAL RESIDENCE (W	here deceased live	d. If institution: R b. COUNTY	BALT	are admission)
b. CITY OR TOWN (III RURAL and give ne	. 6 =	s, write c	LENGTH OF STAY I	IN 1b	C. CITY OR TOWN (IF	autside carporote!	POINT	ond give ne	earest town)
d. NAME OF HOSPITA	AL (If not in hospitol, gi	estreet ad	HOME	1	d. STREET ADDRESS	57.			e. IS RESIDEN ON A FAI YES NO
NAME OF DECEASED (Type or print)	EMILY		7. Middle	4.05	JMAN	4. DATE OF DEATH	Manth 4PP	b	Yeor
. SEX	1.1	7. MARRIEI WIDOWED	DIVORCED		ACG 6 11	D76 9. A		INDER 1 YEA	Haurs /
during most of work	ON (Give kind of work ding life, even if retired)	ane 10b. KI	ND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (Stoke		1)	12. CITIZEN	5 A.
. FATHER'S NAME	-			1.	. MOTHER'S MAIDEN	NAME >			
VACO	73 10	IERA	2		ANIN	19 5			
S. WAS DECEASED EVE	R IN U. S. ARMED FORG (If yes, give war or dates of se		OCIAL SECURITY NO.	17. INFO	HANGA LE	UIZE CEE	Address 104	FULL	ER AV
PART 1. DEA'	TH [Enter anly one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	12/	far (a), (b), ond, (c).]	Con	Heart 14	- Failer	10.00		TERVAL BETWINSET AND DE
Conditions, if or gove rise to it couse (a), stoting lying cause last.	mmediate ( Dur To	L.R.	er e occ		1177	ay N	Mefre		
PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	HER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CO	ndition given i	N PART 1(a)	19. WAS AUTO PERFORME YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CCURRED. (E	nter noture of injury in	Part 1 or Part 11 of	f item 1B.)		
20c. TIME OF INJUR Hour a. jr. p. m.	Y Month, Day, Yea	While of work [	Nat while	20e. PLACE factory	OF INJURY (Home, fare, street, office bldg., et	m. 20f. (City or to	own)	(County	()
alive on 70	at I attended the	deceased	10	death oc	curred at			an the do	saw the decate stated of DATE
PHYSICIAN'S NAME (Type)	Roces	26	WINE	) SO x	2 27	7)			
22a. BURIAL, CREMATIO REMOVAL (Specify)		5-P	22c. NAME OF CEME	FILM	EMATORY	BALTO	(City, town, or co	unty)	(State) NAD
23. FUNERAL DIRECTOR'	S SIGNATURE /	11/10	ADDRESS	4177 A	- A	PHY REGISTRAR 58	24 REGISTRA	R'S SIGNATU	JRE

8361 L1 50V

RIASO TO STADINISTS CHOCATH

	(0)
with.	
2	1/ 88
l dire	100
d be f	
Em	

00

th. Page 4

PHYSICIAM: The law requires that the death certificate be executed within 24 hours

After this certificate has been signed by the attending physician and completely filled need for use as the burial-transit permit. Then please\_remaye carbon papers. Pages 1 or ial, crematian, ar remayal, and in any event within 72 hauts after death.

in by the

1. PLACE OF DEATH o. COUNTY

Baltimore

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland

Baatimore c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hospitat, give street of OR INSTITUTION Warren Rd.	oddress)	d. STREET ADDRESS Warren Rd		e. ts RESIDENCE ON A FARM?
NAME OF		warren nu	•	YES NO
DECEASED	middle rge Fox, Sr		DATE Month OF DEATH	Day Year 13-58 19
male 6. COLOR OR RACE 7. MARR WIDOWE	HED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4-6-1900	1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
0o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  machinist	kind of Business or Ind	USTRY 11. BIRTHPLACE (State or F	areign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Harry Fox		Katherin	e Needham	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. [15 yes, give wor or dates of service] yes 5-21to7-24 2:	SOCIAL SECURITY NO. 17. 12-10-9280	Edith R. Fox	Address, Cockeysvil	
Conditions, if ony, which gave rise to immediate couse (o), stoting the <u>under-lying cause last.</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 19
	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port	1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While at warl	Not while f	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	Of. (City or town)	(County) (State
21. I certify that I attended the decease alive an April 12th 195		th accurred at 9:20 A N		

(Stote)

NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial

22b. DATE THEREOF 4-16-58

22c. NAME OF CEMETERY OR CREMATORY Clynmalira Meth. 22d. LOCATION (City, town, or county) Monkton, Md.

24b, REGISTRAR'S SIGNATURE

622 York Rd., Towson4, Md

240. REC'D BY REGISTRAR APR 1 6 '58

TO FUNERAL DIRECTOR Page 3 should be d VS A15 (4) 15M 9/55

the registrar priar ta

STOURTER onsey av.1.e 2 Lity we colour work of the The second of the second Warren Ed. Daniel II Secretary France ectmr else eta Toas in 1818 intent THE STINGS OF THE STREET OF SECTION S. For . Tookey MILE. 19. BUREAU V. S. 8361 91 A9A Add S and Labor 10 4 . Read - W. M. HOMELOW .- ME.

the . Papawoll . bil had Sad

PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (IF RURAL ond give nea URAK d. NAME OF HOSPITA

OR INSTITUTION

NAME OF DECEASED

5. SEX

CERTIFI

MEDICAL

(Type or print)

13. FATHER'S NAME

100. USUAL OCCUPATION

15. WAS DECEASED EVER

during most of working

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
4264 CERTIFICA	ATE OF DEATH Reg. Dis	1. No. 04208
TATIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND b. COUNTY BA	e before admission)
outside corporate limits, write c. LENGTH OF STAY IN 1b rest town. IOMOS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
(If not in hospital, give street address)	346 HOPNINS FRIE,	e. IS RESIDENCE ON A FARM? YES NO
HATTIE ELIZABLE	THE GANSON 4. DATE Month OF DEATH PERIL	Day Year 27 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	a land a land black black to the time to t	YEAR IF UNDER 24 HRS. Days Hours Min.
I (Give kind of work done 10b. KIND OF BUSINESS OR INDU g life, even if retired)    FE	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI  MARYLAND	ZEN OF WHAT COUNTRY?
ERICK KNAPP	14. MOTHER'S MAIDEN NAME ELLA SHOEMAKER	
yes, give,war ar dates of service)	nformant Address ss Gladys Knapp - 307 N. Beech	wood Ave28
H (Enter only one couse per line for (o), (b), ond (c).] H WAS CAUSED BY: MMEDIATE CAUSE (o)  ARCINOMA  BY	REAST = GENERALIZED	INTERVAL BETWEEN ONSET AND DEATH
madiate	SIST-METASTASIS.	5 YEARS
e <u>under-</u> DUE TO (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(n) 19 WAS AUTOPSY
e under- (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY

(County)

(State)

18. CAUSE OF DEAT PART I. DEAT Conditions, if any gove rise to im cottse (o), stoting th lying couse lost. PART II. OTHE PERFORMED? YES NO 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)

20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m.

Not while of work of work p. m. 21. I certify that I-attended the deceased from 1958 that I last saw the deceased

alive on H and that death occurred at 5:30 P.M. from the causes and on the date stated above. ACTUAL

PHYSICIAN'S NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

(Stote) REMOVAL (Specify) Baltimore Co., Maryland 23. FUNERAL DIRECTOR'S SIGNATURE

4600 Liberty Hghts. Ave. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 8 '58

BUREAU K. E. 8391 83 A9A



00

04240

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19ce				Keg, Dist. N	3.		
1. PLACE OF DEATH o. COUNTY Baltimore		2. USUAL RESIDENCE (W	here deceased lived. If Institu b. COUNT				
	MARYLAND	mu.		DATLI			
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town)  Reisterstown	ENGTH OF STAY IN 16	Reisters	outside corporole limits, write	RURAL and give i	neorest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	001122		e. IS RESIDENCE		
5 Westminster Road	nster Road		YES NO				
3. NAME OF First DECEASED (Type or print) Mamie Spa	Middle angler G	arrett	4. DATE Month OF April	16 Doy	Year 19 58		
s. sex 6. COLOR OR RACE 7. MARRIED A Female White WIDOWED	NEVER MARRIED 8.	July 21,18	9. AGE (In years lamburhday) O4 yrs.	Months Days	Hours Min.		
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	OF BUSINESS OR INDUSTI	Penna •	ar fareign country)		·S •		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Emanuel Spangler		Emma De	ardorff				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wer or dates of service)		lvin W.Gar	rett, Reister	stown,	Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a)	), (b), and (c).]			INTE	RVAL BETWEEN SET AND DEATH		
PART I. DEATH WAS CAUSED BY:   Coron	ary Artery	7 Disease			6 mos.		
260 X DUE TO		20000					
Conditions, if any, which) (b) Diabetes							
gove rise to immediate cause							
(o), stoting the underlying DUE TO							
	BUTING TO DEATH BUT N	OT RELATED TO THE TERMIT	NALDISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X		
9	V INJURY OCCURRED. (E	nter noture of injury in Port	I ar Port II of item 18.)	,			
		CE OF INJURY (Home, form,	20f. (City or town)	(County)	(State)		
20c. TIME OF INJURY Month, Day, Yeor 20d. INJUR While of wark	Idol Milled Col Id to	ory, street, office bldg., etc.)	none				
21. I certify that I took charge of the rema		ve, held an Autopsy	, Inspection 1,	Inquiry X	, and find that		
death resulted from: Natural causes 🔀,		cide, Homicide		ause [].			
ACTUAL SIGNATURE D. D. Caplus		_M.D. CHIEF MEDICAL EX	AMINER 🗍		DATE SIGNED		
EXAMINER'S D. D. Caples,	M. D.	ASSISTANT MEDICAL E		4_	17-58		
REMOVAL (Specify)	NAME OF CEMETERY OR		22d. LOCATION (City, town,	or county)	(State)		
		emorial Ga		sburg,			
23. FUNERAL DIRECTOR'S SIGNATURE  J.F. Eline & Sons, Reist	ADDRESS			TRAR'S SIGNATU	4		
a . L . ETTHE or DOHS ' WETSP	GT P POMIT, MICH	DATE	APR 2 1 '58 UU	いるようないと	The same		

VS. AISME(S) SM 9/55

enginio perios por 1 200 College to Every Land of the Williams of the Williams BUREAU V. S. 8361 13 APA The same of the sa

ath: Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

may be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4266 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04241

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL	AND	2. USUAL RESIDENCE (WHO o. STATE Mary)		d lived. If in b. CO		: Residenc	e before	admissi	ion)
b. CITY OR TOWN RURAL and give	(If outside corporate limit	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If o	,	prote limits, w	rite RU	RAL ond g	ive near	est Iown	) V
Cato	nsville		25 days		Baltimon	re		3 4	01-	4		
d. NAME OF HOSE OR INSTITUTION SPRING	PITAL (If not in hospitol, s CROVE STAT		oddress) SPITAL		d. STREET ADDRESS	Bever	ly Roa	ad			ON A	
	Fin		Middle			4. DATE						
3. NAME OF DECEASED (Type or print)	Geo	rge	John		Gettman	OF DEATH	7	Month 1pri	1	20		rear 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED		B. DATE OF BIRTH		9. AGE (In lost birth	years I	Months	_		
male	white	WIDOW	ED DIVORCED		June 12, 18	386	71	yrs.	Months	Days	Hours	Min.
during most of we	TION (Give kind of work orking life, eyen if retired etective	done 10b.	NIND OF BUSINESS OR Department		roes Maryla		country)			S.		COUNTRY
13. FATHER'S NAME George	Gettman, S	r.			14. MOTHER'S MAIDEN N	_	7					
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. II	NFORMANT	-		Addre	33			
(Yes. no. or unknown)	(If yes, give war or dates of s		18-05-3422	F	Records: SPR	ING C	GROVE	STA	TE I	HOSP:	ITAI	Ĺ.
Conditions, if gave rise to couse (o), stotin lying cause los	any, which (bimmediate g the under-	Ä	Herios cle		is genera	0	fer	cre				
CATIC					NOT RELATED TO THE TERMI				N IN PART	, ,	PERFO	AUTOPSY RMED?
OR CONTRIBUTION	YAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in I	Port I or Por	rt II of item 1	8.)				
ZOc. TIME OF INJU Hour o. m p. m	10	20d. II While of wor	Not while	20e. PL/ foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City	y or town)		(C	ounty)		(Stole)
21. I certify alive on	that I attended the April 20 SULLA	12.5 M	- 3	death	occurred at 3 p.	M, from ADDRESS (SGROVE	on the countries, city or STAT	ses on town, st E H	nd on the lote) HOSPI'	e date	state	
220 BURIAL, CREMATI REMOVAL (Specif	" 4-231	54.	ADDRESS ADDRESS	as	A Tack	D BY REGIST	TION (City, 1)  TRAR 24br	REGIST	rack's sig	- 4	2 (State	5)

NTABO TO BYADERY

BUREAU V.

8381 88 A9A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Baltimore Maryla nd MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town! Sparrows Point prior la d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Sparrows Point Hospital 1615 N. Monroe Street YES NO TO 3. NAME OF Middle Month Day Year DECEASED John H. Glass 16 19 58 (Type or print) DEATH for 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR dained Months Days Hours Min. Mala 5/30.1916 Colored WIDOWED | DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Door Mach. Operator Steel Pittsylvania Co. Va. pe U. S. A. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Chester Glass Pages Susie Adams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give WWIJ Harriett Glass 1615 N. Monroe St. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Myocardial infarction 45 minutes IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which burial gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 00 PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Nat while a. m. at wark at wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X, and find that OR: Accident , Suicide . deoth resulted from: Notural couses Homicide . Undetermined cause . certifice ad to the ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR farwarded to FUNERAL ASSISTANT MEDICAL EXAMINER removo **EXAMINER'S** Jack C. Collins, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION & City, Down 0 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

eu Intheed Ander income

TELEVISION OF CLOSE SECTION

BUREAU V. S. 8361 4.1 AdV

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.

CERTIFICAT	TE OF DEATH Reg. Dist. No.	
4194		
1. PLACE OF DEATH- COUNTY BAITINGS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Ballo
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR give nearest town  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Solkers Point Ref	STREET (U rural, give location) ADDRESS 114 SolleRS PT. Ra	1
3. NAME OF DECEASED (Type or Print) ANIQ VANISE	Joode Jeath (Month) DEATH (Month)	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2-28-58 Unden 1 4 yrs. Months.	Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  INDUSTRY	manyland	CITIZEN OF WHA
13. FATHER'S NAME Ralph Harris	Frances Elaine bood	2
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	77. INFORMANT AND ADDRESS PT. 19	Pd. #22
J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)	EUMON C	INTERVAL BETWEE ONSET AND DEAT
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \( \text{No} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR?	
alive on 15 1, 1958, and that death occurred at SIGNATURE 1868. C. Godo 10-10.	ADDRESS OF A VE. Quidalto.	ted above. DATE SIGNED
23. BURIAL, CREMATION   DATE   NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county	(State)

24. FUNERAL DIRECTOR Charles R. Law

BUREAU V. S.

DECEMAED

VS. A15ME(S) 5M 9/55

*	1
50	-

a

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 04244

	LACE OF DEATH				2. USUAL RESIDENCE (	Where dece			ce before a	idmission)
	В	altimore		MARYLAND	o. STATE Mar	yland	b. COUNT	1-9-	rank	
1	. CITY OR TOWN II	If outside corporate limits, writes	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside co	rporote limits, write	RURAL and g	ive neores	t town)
	Fort Howa			7 Days	Jessup			13 X-	2	
-	I. NAME OF HOSPIT	TAL OR INSTITUTION (	If not in ho	ospital, give street address)	d. STREET ADDRESS					S RESIDENCE
_		dministrati	on He	spital	Rt. #175	Jes	sup			NO NO
-	NAME OF DECEASED (Type or print)	EDW.		Middle H •	GRACE	4. DATE OF DEATH	Month	April	14	19 58
5. 5	EX	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 11	YEAR IF U	NDER 24 HRS.
	Male	White	WIDOWE	ED DIVORCED	May 18, 1900		57 yrs.	Months De	ays Hou	rs Min.
10a	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SION	e or foreign	country)	12. CITIZE	N OF WH	AT COUNTRY?
	Penal Gua			use of Correct				U.	S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	William	P. Grace			Susan	E. Har	nbleton			
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
17.01	Yes	UNIT TT		218-36-81/31/ C	lin.Records.	Vet. Ac	im. Hosnits	1. Ft.	How	ard. Md
		TH Enter only one cau		ABY 2 - V-72-71 -			THE HODDE OF	10.	INTERVAL BE	TWEEN
		TH WAS CAUSED BY		GUN SHOT WOUNT	OF THE FACE	,			ONSET AND	
	07/4	IMMEDIATE CAUSE (6)	-	GON SHOT WOOME	OF THE PACE	3				days.
	7/6 ×	DUE TO								
	Conditions, if o	diote couse								
	(o), stoting the								154	
	couse lost.	) (c)	OLTIONIC C	ONITE IN THE COURT OF A THE PRINTERS	TOT DELIVER TO THE SERVICE					
CERTIFICATION	PARI II. OII	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINALDISEA	SE CONDITION GIV	EN IN PAKI		RFORMED?
TIFIC	200. EXTERNAL CA	USE WAS 20	b. DESCRIE	BE HOW INJURY OCCURRED.	Enter nature of injury in Po	rt I or Port I	I of item 18.)			
	PRIMARY A or CO CAUSE OF DEATH.	NIKIBUTING L	Sel	of Inflicted	un Shot Wour	nd of	The Face.			
3	20c. TIME OF INJU	RY Month, Day, Yes	r 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m, 20f. (Ci	ty or town)	(Count	y)	(Stote)
MEDICAL	Hour a.m.	1,/3/58 19	While of w	THE PART OF THE PA	ory, street, office bldg., etc DMA	-	Jessup, N	AA	Mary	rland
		hat I taak charge		remains described abo		sv P.	Inspection 1	Inquiry		d find that
	The second secon	I fram: Natural			icide Al, Hamicid		Indetermined c		<u></u>	a rina inai
	1	200			relaced to the second	. П, .	maerer minea c	оозе <u>Г</u> .		
	ACTUAL SIGNATURE	18/1/20	su	w	M.D. CHIEF MEDICAL E	XAMINER [	1		DAT	TE SIGNED
	SIGNERI ORG.				ASSISTANT MEDIC	CAL EXAMIN	ER 🗍			
	EXAMINER'S NAME (Type)	Melvin B.	DAVIS	S M.D.	DEPUTY MEDICAL	EXAMINER	<b>B</b>		4/	14/58
220	BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREC	F ;	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC	ATION (City, town, o	or county)	(5	Stote)
	Burial	4/17/	58	Baltimore Nat	ional	Ba	Ltimore. N	íd.		
23.	FUNERAL DIRECTOR	'S SIGNATURE	DI 1	ADDRESS		D BY REGIS		TRAR'S SIGN	ATURE	
6	Cem 600	R-Bligs	4 1	no 6009 Han	low Red DATE	821	58 1000	-	1	

The second state of the se

The second second

A CAMER CONTRACTOR OF THE PROPERTY OF THE PROP

8381 88 AqA

DECEINED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	4269 CERTIFICATE OF DEATH  Reg. Dist. No. 04245
(M)	1. PLACE OF DEATH a. COUNTY BALTIMOY & MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY C. IT LE GROTS
activities and a second	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest, town) Owings Mils, Md 9days Bladenslung MC. 1634-2
12	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  COS-Word ST. To. SChool 4202 5/5/57.  WES NO NO
	3. NAME OF DECKASED (Type or print) Robert Michael Green DEATH H 1958
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  WIDOWED DIVORCED 1-31-58  9. AGE (in years lift under 14 year If under 24 Hrs. Manths Days Hours Min. 24 Hrs. Min. 25 Manths Days Hours Min. 25 Min. 25 Min. 25 Min. 26 Min. 27
offer death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  MATY/BNd  12. CITIZEN OF WHAT COUNTRY
	Eugene Watson Green Louise Erp
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROSEWOOD RECEIVED Address Parties of service) Rosewood Recay ds Owings Mills Md
	18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (d)  PART I. DEATH WAS CAUSED BY:  PART II DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  PAR
	Conditions, if any, which) (b) Coregenital heart descare Let Einste
	gave rise to immediate couse (a), stating the under lying couse last.  DUE TO MONGOLOSS.  (c) MONGOLOSS.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CORCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20b. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while at wark of wa
	21. I certify that I attended the deceased from 2 / 2 6 , 1955, to 4/4 , 1958, that I last saw the deceased alive an 4 /4 , 1968, and that death accurred at 256 M, from the causes and an the date stated above.
1	ACTUAL SIGNATURE IS CARRY Is, Butler M.D. Owings Mills, Mill 4/4/58
	PHYSICIAN'S NAME (Type)
,	220. BUNDAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, toyle, or county) (State)
B	23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
	Y V V V V V X V V

OMITIAGE HOLDEN TO THE MITAGE BATE OF THE AND THE AND

N



8361 7 A9A



1	\$	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
_	17	4270 CERTIFICATE OF DEATH  Reg. Dist. No. 32	16
i iii ii	-	Reg. Dist. No. 32	
director, illed with	80	1. PLACE OF DEATH a. COUNTY D. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY COUNTY D. STATE D. S	1,
filed fire	M	partinore country partinore	-17
neral d be		RURAL and give neorest town)	11
Should		Mt. Wilson, Maryland  Daft more 23 VO/4  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE	E
d 2	02	or institution Mt. Wilson State Hospital 107 5 Gilmor St VES NO	?
Hed in		3. NAME OF DECEASED (Type or print) George Gregory Griffin Jo Death abril 18 195	-3
Pages		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE 116 years 1 FUNDER 1 YEAR IF UNDER 24 H	RS.
		Male WIDOWED DIVORCED 10-10-89 lost birthdoy) Months Doys Hours Min	1.
camplet papers.	_	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY (In BIRTHPLACE)	TRY?
	-	(rtd Salesman Baltimore USA	
	1 )	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		George G. Griffin Sarah E. Richards	
physic mave haurs		15. WAS DECEASED BYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	
nding sase re hin 72		no 424-05-8294 Hospital Records, Mt. Wilson State Hospital	L
end		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH	4
en of		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Pulmonary Tuberculosis  July Ar	
ever The		DUE TO	
d by		Conditions, if ony, which (b) (b)	
per		couse (o), stoling the <u>under-</u> DUE TO	
en s insit		lying couse lost. (c)	
ng physicia e has been burial-trans	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP. PERFORMED?  YES \[ \bigcup NO \[ \]	4 4
ding ofe h		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH UTILITY MEDICAL EXAMINER)	
tific tific n, a		(I EITHER, NOTIFY MEDICAL EXAMINER)	
al ar a this cer r use a ematia		20c. TIME OF INJURY Month, Day, Year Hour a. m.  19 While Not while of work of	te)
spit ter d fa		21. I certify that I attended the deceased from 4-1, 1958, to 4-18, 1958 that I last saw the deceased	rsec.
e ho		alive on 4-12, 1955, and that death occurred of 245 AM, from the causes and on the date stated ob	
to b		ADDRESS (Street, city or town, state) DATE SIG	
or ior		SIGNATURE William Mirting M.D. Mt. Wilson, Maryland	
Se retaine SERAL DIR 3 shauld gistrar pri	- 1	PHYSICIAN'S William Newcomer, M.D. Superintendent	
		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stole)	
o FUN Page the re		REMOVAL (Specify) Burial 1/21/58 New Cathedral Cem. Balto. Md	
2	0	23. FYNERAL DIRECTOR'S SIGNATURE 240. REGISTRAR 240. REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 10/57	111	July Julia V Jour - Rallo 1 , DATE APR 2 1 '58 Record	
	4		_

CERTIFICATE OF DEATH

encine.

100

The Control of the Co

cami.

BECEINE

attended to the think and the high and

2361 28 APA

Nut make a

VS A15 (4) 15M 10/57

ļ		
100000000000000000000000000000000000000	d be filed with	(
	should	
2	ond 2	
2	ges 1	
Constant of	rs. Po	
	poper	oth.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4271 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

04247

1	PLACE OF DEATH	re		MARYL	AND	2. USUAL RESIDEN o. STATE Hary	land	re deceased	lived. If institu b. COUNT				
	b. CITY OR TOWN ( RURAL and give in Catonsv	If autside carparate limi earest town) ille	ls, wrile	c. LENGTH OF STAY IN 2 years 11		e. CITY OR TON		tside corpor	ate limits, write	RURAL and g	give near	est town	)
	d. NAME OF HOSPI Spring Gr	TAL (If not in hospital, gove State H	ospi	oddress) tal		d. STREET ADD 7807 St.		gory D	r.		e		DENCE FARM? NO X
3	DECEASED (Type or print)	Fir Mami	e	Middle Estel		Griff:	ith	4. DATE OF DEATH	Apr	onth il	Doy 5		rear 19 58
1	Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED		7-17- 18	77		9. AGE (In year last birthday) O yr	Months	Doys Doys	Hours	R 24 HRS. Min.
1	Da. USUAL OCCUPATI during most of wor none	ON (Give kind of work of king life, even if retired		kind of Business or unknown	INDUST	N ary		r foreign co	untry)		S.A.		COUNTRY?
A	3. FATHER'S NAME UNKNOW	n				14. MOTHER'S MA		AME					
1	S. WAS DECEASED EVI (Yes. no or unknown) unknown	ER IN U. S. ARMED FOR (If yes, give wor or dates of so	ervice)	social security no. nknown		WM. L.	Skul	ır 515		dress	Bal	Lt.	5
	PART I. DE/ 4 22./ Conditions, if course to course (a), stating lying course lost.	DUE TO  ony, which the under- the under- (c	Broi Gett	nchopneumon eralized ar eriosclerot	teri	ardiovas	cular				ONSE	RVAL BE T AND	DEATH
	20a. ACCIDENT W.	AS UNDERLYING  CAUSE OF DEATH		CONTRIBUTING TO DEAT						IVEN IN PARI	1(0) 19	PERFO	RMED?
	20c. TIME OF INJUI Hour o. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED 2 Not while	POe. PLAI focto	E OF INJURY IHor ory, street, office bl	me, farm, ldg., etc.)	20f. (City	ar town)	(0	County)		(Stote)
	21. I certify the alive an Apparatus Apparature Physician's NAME (Type)	nat I attended the ril 5	_, 195	ed from May 11 8, and that a eas Rac AUJKA	M	occurred at 8	:45 1	M, fram DORESS (Str	the causes eet, city or town Fate 1	and an th	ast sav	w the state	deceased abave.
2	20. BURIAL, CREMATIC REMOVAL (Specify		5	22c. NAME OF CEMET	ERY OR	CREMATORY		LOCATI	THIO	or county)	Ma	(State	e}
2	3. FUNEDAL DIRECTOR	SIGNATURE	72	ADDRESS	, ,,	10 0 24		BY REGISTR		SISTRAR'S SIC	1		11,504

HTARGROUND DEATH BUREAU V. E. 8561 0 36

DECENAED

ath: Poge 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1979

CERTIFICATE OF DEATH

04248

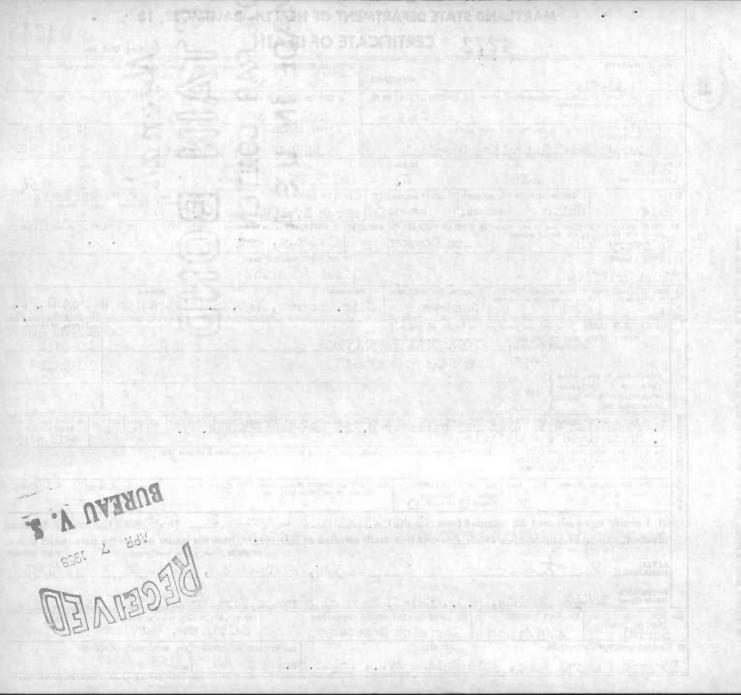
<u> </u>			Reg.	. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Doll time to	MARYLAND	o. STATE	nere deceased lived. If institution: Res b. COUNTY	idence before admission)
Baltimore  b. CITY OR TOWN (If outside corporate limits, w		Maryland	AND THE PROPERTY OF THE PROPER	
RURAL and give nearest town)			oulside corporote limits, write RURAL o	and give nearest lown)
Fort Howard	10 Days	Baltimor	e 3Vol	- 4
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administrati			stnut Avenue	YES NO
3. NAME OF DECEASED (Type or print) ROBERT	Middle H	GRIFFITH	4. DATE Month OF DEATH Apri	Doy Yeor 1 2 1958
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN	IDER 1 YEAR IF UNDER 24 HRS.
	DOWED DIVORCED	March 1, 1890		ths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Delivery Man	Ice Company	Ealtimore, I		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
John Griffith		Isabel Smith	n	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  Yes  WW I		lin.Becords,	Address Vet. Administration	n Hospital, Ft.
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c).] MYOCARDIAL INFA	RCTION		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
Conditions, if ony, which )	10 DAYS			
gove rise to immediate couse (a), stating the under-lying couse lost.				
1. Prostatism with curef 4. Rheumatoid spondyli	itis			PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING   CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	'ort I or Port II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED 20e. PL hile Not while to work of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that Nationed the decarred was actual.	NAXXXXX and that death	accurred at 6:20A	M, from the causes and a ADDRESS (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S			HOWARD, MARYLAND	4/2/58
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 4/5/1958	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or coun Baltimore, Mary)	nty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  Donovan Funeral Home, 3	ADDRESS 8818 Roland Ave.,		BY REGISTRAR 24b. REGISTRAR'S	

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECT of After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registror priar to burial, cremating, or remayal, and in any event within 72 hours often death.

JDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

VS A15 (4) 15M 10/57



•

· MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be emotion Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND 0 b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE prior ON A FARM? YES X NO 3. NAME OF First Middle 4. DATE Losi Month Day Year DECEASED OF (Type or print) DEATH 19.57 5. SEX 6. COLOR OR RACE 9. AGE (In yours 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [ DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOV 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ddress Give AB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL ETWEEN PART 1. DEATH WAS CAUSED BY: Coronary Occlusion approx.10 min. IMMEDIATE CAUSE (0) burial-tronsit DUE TO with c Conditions, if ony, which pencil olong gove rise to immediate cause should **DUE TO** (o), stating the underlying cause lost. C 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY os PERFORMED? NOX 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. none none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while p.m. none al work at work none none 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X, and find that deoth resulted from: Natural causes 121. Accident . Suicide Homicide . Undetermined couse certifico ACTUAL DATE SIGNED o CHIEF MEDICAL EXAMINER forworded to ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** D. Caples, M. 7-58 NAME (Type) DEPUTY MEDICAL EXAMINER K 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) DATER 9 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

8361 6 844

DECENTED

B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4274 CERTIFICATE OF DEATH

Reg. Dist. No.

04250

	Keg. Dist. 140.
1. PLACE OF DEATH O. COUNTY BAKTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE MARYLIAM b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b (ANDAKASTOCK) N 3 YEARS	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) / 351 OR INSTITUTION	STREET ADDRESS, CHAPMAN ROAD ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) PARY ELLEN	HAGER 4. DATE Month Day Year OF DEATH APRIL 10 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  FEB-11-1873  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDL during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
FRANK O'LAUGHLIN	14. MOTHER'S MATDEN NAME  ANNWHICKUM: Isabelle Smith
IVes no or unknown) . He was give uses as dates of semical	OS THEKMA SENCER - ABOUE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO	TIVE HEART FAILURE & INTERVAL BETWEEN ONSET AND DEATH
(c)	OU. DISTERSE 10 YEARS
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while at work at work	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. BRAIL - alive an APRIL 10 1956, and that death	h accurred at ZAM, from the causes and on the date stated above.
SIGNATURE TRAMMA C. W Weeller	M.D. 360/ Christian Street, city or torno state) Bally 5-4/10/S
PHYSICIAN'S THOMAS E. WHEELER	BARO > - MD.
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  22b. Date thereof 22c. NAME OF CEMETERY C	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

	HTABO PO STA	TOTAL CERTIFICA	
		same Constant	
	100 × 100	with the state	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The same
district at Best 1- CA	79 (1) (1) (1) (1)		
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Walli-			
OBINESO AND	The first of the second		
TO A METO ENGL		The state of the state of	
MEINO	71 785 4. VIOLENT		
		12. 13. 10.	

VS A15 (4) 15M 9/55 M

ARYLAND STA	TE DEPARTMENT	OF HE	ALTH-BALTI	MORE, 18
4275	CEDTIEICATE	OF DE	ATLI	

M

04251

CERTIFICATE OF DEATH

Reg. Dist. No.

9.1	-			· · · · · · · · · · · · · · · · · · ·						
/	1. F	LACE OF DEATH	11			2. USUAL RESIDENCE (	Where deceased live	d. If institutions Res	idence before oc	dmission)
		12	Illima	re.	MARYLAND	Md.		D. COUNTY S	7/10.	
	t	<ul> <li>CITY OR TOWN (I RURAL and give ne</li> </ul>	f autside carporate limi	its, write c. LENG	GTH OF STAY IN 16	c. CLTY OR TOWN (I	If outside carporate I	limits, write RURAL o	ind give nearest	town)
	15	ural-	Mille	15, 0	syrs.	MUYAI	- M1	11ers		
		d. NAME OF HOSPIT OF INSTITUTION	AL (If not in hospitely o	give street address)	100/	d. STREET ADDRESS	011	. 11	D . IS	RESIDENCE
		upper	Beckl	eysire	4/79	uppers	BCKIEY	SVILLE	YE YE	S NO P
		NAME OF / DECEASED	1 5	ph .	Middle	Lost	4. DATE	Month	Doy	Year
		Type or print)		nas	A.	Tann,	DEATH	pril	11,	1958
	5. S	SEX NA	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	10110 9.4	GE (In years IF UN	DER I YEAR IF U	JNDER 24 HRS.
		111	I VVI	WIDOWED	DIVORCED []	March 26,1	18/8/8	yrs.		
1	100	during plost of work	DN (Give kind of work wing life, even if retired	done 10b. KIND OI	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (STO	ote or foreign country	112.	CITIZEN OF W	HAT COUNTRY
/	4	arpente	12/	Cons	/ruc/ior	· West	ruste	U, 11A		
	13.	FATHER'S NAME	lant	Van		14. MOTHER'S MAIDEN	NAME	0+	_	
	10	all	ien /	varin	1	lath	erine	20-4	meis	A
			R IN U. S. ARMED FOR		SECURITY NO. 17. 1	NFORMANT	W.	Address	11	mi
		110			Y N	10 Darakt	Hann -	-// re	Cero, 1	Plug.
			ATH [Enter only one co TH WAS CAUSED BY:	ouse per line for (o)	), (b), ond (c),	9-414	+ 1	-	ONSET A	AND DEATH
		1774	IMMEDIATE CAUSE (o		Conony	Thepe	estare			
		11/	DUE TO	,		0 //				
		Conditions, if a gove rise to i	mmediate							
		cause (a), stating lying couse lost.								
	z		HER SIGNIFICANT CON		LITING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO.	NOITION GIVEN IN	PART 1/01 19 W	VAS AUTOPSY
	CERTIFICATION	1 444 111 011	TER STOTAL TEATT COL	CONTRIBUTION OF THE PARTY OF TH	OTHIO TO BEATT DOT	NOT REDAILED TO THE TER	WINTER DISEASE CO.	TOTAL OF THE STATE	PE	ERFORMED?
i	IFIC	20a. ACCIDENT WA	AS UNDERLYING [7]	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter noture of injury i	in Port I or Port II of	item 18.)	163	, LI NO CI
	CERT	OR CONTRIBUTING	CAUSE OF DEATH							
		20c. TIME OF INJUR		ar 20d, INJURY O	CCURRED 20e. PL	ACE OF INJURY (Home, fo	orm, 20f. (City or to	own)	(County)	(Stote)
	MEDICAL	Hour a.m.	19	While No	ot while for	ctory, street, office bldg.,	etc.)		(//	
l	2					1465	ah 11	1050	t I last saw 1	
Ì			at attended the	/		19/2 , 10	Marie			
		alive on	7	, 1822	, and that death	occurred at 1014		e causes and o city or town, stote)	n the date s	DATE SIGNE
		ACTUAL /	1 m	700		- Aa	rleta	med	4.	111/58
		SIGNATURE	1 11	10 cm	<i></i>	M.D	- FOLKIN	-1-2-4		f-=-4-2L
		PHYSICIAN'S NAME (Type)	r. A.M.	Fran	nce-	13	rkto	n. Md	/ 	
1	220	BURIAL, CREMATIO	N. 226. DATE THEREC	22c N	AME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or coun	ואו	(Stote)
1	L	TIXIT	4/14/5	56 01	relers	Cem.	19116	2 rs. /	Wd.	
	23.)	FUNERAL DIRECTOR	S SIGNATURE	AC AC	DORESS	240. RE	CID BY REGISTRAR	246. REGISTRAR'S	SIGNATURE	
1		tacoer s	arlengle	in Ipur	freedo.	m, Vay DATE	1001 4 150	1000-	such	
	81					/	11 4 4			

VS A15 (4) 15M 9/SS

1		1
ctor,		
and 2 should be filed with		
should		1
in by		0
Pones 1		

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4276 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04252

								Kad. Dist	, 140,
1. PLACE OF DEATH				O ST	L RESIDENCE (W	here decease	d lived. If institut		before admission)
	Baltimore		MARYLAN	D	Mary]	land	0. COUNT?	Balti	more
b. CITY OR TOWN	(If outside corporate limits, v	write c. LEN	IGTH OF STAY IN 1	b c. Cl	Y OR TOWN (IF	outside carpo	prote limits, write f	RURAL and gi	ve nearest town)
- CM	nsville 28			52		Caton	sville	28	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give	street address)	Tax many	d. S1	REET ADDRESS				e. IS RESIDENCE ON A FARM?
OK INSTITUTION	833 Freder	ick Ros	ad		833 Fred	derick	Avenue		YES NO IO
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mai	nth	Day Year
(Type or print)	GILLI	E	ANN	F	ATHORN	DEATH	10-1	Apr.	29. 19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED 🗍	NEVER MARRIED				9. AGE (In years	_	YEAR IF UNDER 24 HRS
Female	7 77 0 1	IDOWED A	DIVORCED [		h 16, 18	97.	last birthday) 61 yrs.		Days Hours Min.
100. USUAL OCCUPATI	ION (Give kind of work don- rking life, even if retired)	e 10b. KIND C	F BUSINESS OR IN	DUSTRY 11. 1	IRTHPLACE (Stote	or foreign o	country)	12. CITIZ	EN OF WHAT COUNTR
		Publi	ic Restar	1700 m	Missi	issipp	i	7	J. S. A.
Restauran	iteur.	I LUDIL	ic nesta		THER'S MAIDEN	4.4			), D, A,
io, rante o mane	Steven F.	Denmar	k	14. 110	THER S MAIDER	· VAINE	Caroline	Beach	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL	SECURITY NO. 11	7. INFORMAN	T		Add	ress	
(Yes, no or unknown)	(If yes, give wor or dates of service	" 417-4	2-4791	Higg	ins Mort	uary,	Mobile,	Alaba	ma.
18. CAUSE OF DE	ATH [Enter anly one cause	per line for (c	), (b). one, (c).]	1.	-7 (	17			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	FINI	1 Cma	ritur	deil	une			ONSET AND DEATH
1133.1	IMMEDIATE CAUSE (o) DUE TO	/	1	- 6.8	711				
		1/ 7		7/	Ve.Ti				· manie 1
Conditions, if		Vanco	certify.	you					Orropras
catse (a), stating									
lying couse lost	(c)								
PART II. OT	THER SIGNIFICANT CONDIT	IONS CONTRIE	BUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
X	Brench	elisis	- Bro	nekua	I arth	ne 10	wester 1	PAT	YES NO TO
OR CONTRIBUTING	AS UNDERLYING [ 201 G [ CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE H	OW INJURY OCCU	RRED. (Enter n	ature of injury in	Part I or Par	rt II of item 18.)		
			lan.						
20c. TIME OF INJU		20d. INJURY O	of while	factory, street	JURY (Hame, format, office bldg., etc.	n, ¡ 20f. (Cit	y or town)	(Co	ounty) (State)
p. m.	10		work						
21 L cortify t	hat I attended the de	scented fro	m Venn	1	57 10	Bani	1 20 1038	that I la	st saw the decease
100	or diended ine de	a margin -	- 27		010	D.	/		
alive an_		19 0 8	_, and that de	ath occurre	d at a				e date stated above
ACTUAL	1.4 7	15	1	/	7 4	ADDRESS IS	treet, city or town,	stote)	DATE SIGN
SIGNATURE	un T.	de	7	M.DC.	elman	- He	1 les		7/49 13
PHYSICIAN'S NAME (Type)		γ	/						
220. BURIAL, CREMATI	ON. 22b. DATE THEREOF	220 1	NAME OF CEMETER	Y OR CREMAT	OPY	224 1004	TION (City, town,	as savetyl	/S4-4-)
REMOVAL (Specify Removal			it. Pisgal				eaksville		(State)
23. FUNERAL DIRECTO			DDRESS /	. John C					
23. DINERAL DIRECTO	K 3 SIGNATURE	Tuna	1000 5	8 5m	./	D BY REGIS		STRAR'S SION	ANURE
Course,	cov, co	Corce	Tues V	1/10	DATEMA	Y 5 '5	18 July	requi	1

		A III IN STATES					
		A SECTION OF					
	0.5						
		Selle History					
HBI, Turnie ettik ari as bek rendaven hat A Karatika			Tall Agent on the				
A leaf and the same of the sam							
		A	The state of the s				

andmirense

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

VS A1S (4) 1SM 10/57

# S. Pages I and 2 shavid be filed with

eath. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4277 CERTIFICATE OF DEATH

04253

Reg. Dist. No.

ī	o. COUNTY Ballimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Reside o. STATE b. COUNTY B	ence before admission)  2 / + 122/07 e
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  PIRES (1) 4 8 40 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL onc	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	209 Brightside Aug.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Edna E	Hein 4. DATE Month OF DEATH April	Day Year 9 1958
	WIDOWED D' DIVORCED	Jan 28, 1895 (3 yrs. Months	R I YEAR IF UNDER 24 HRS.  Doys Hours Min.
1	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
1	John Hagedorn	Louise Creighto	7
-	Yes, no, or unknown) (If yes, give wor or dates of service)	ohn Hein 310 Grant St.	Fort Alkinson Wireans in
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
	260, X DUE TO Prabetto 70 Canditions, if ony, which)	relitue	imouth
	gave rise to immediate couse (a), stating the under-lying couse lost.  DUE TO Carterior sclero	the CV.P.	11 years
TA DISTA DISTA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X
		D. (Enter nature of injury in Port I or Port II of item 18.)	
TA DICEAS	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While not while of work at wark	ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased fram 22 Novel alive an April 8, 1958, and that death	occurred at 550 A.M., from the causes and an ADDRESS (Street, city or town, stote)	
	SIGNATURE Karles // Williams	M.D. 1632 Reisterstown	Road
2	PHYSICIAN'S Charles H. Williams  29. BURIAL, CREMATION, 22b. DATE THEREOF 200 NAME OF CEMESERY OF	Pikesville 8, Ma	Ł.
1	Kister 4-12-58 Drevel Ri	dge Bekerelle 8	, ma (State)
3	L-POTYERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	BULLA

8561 91 AAV

ATAIL OF DEATH

ADMO CERTIFICATE OF DEATH

04254

4610	CERTIFICATE	OI DEAIII	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USI	JAL RESIDENCE (Where d	deceased lived. If institution, Residence	dence before admission)
BALTO	MARYLAND	MD	b. COUNTY	SALTO,
b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)	ENGTH OF STAY IN 16 c. (	CITY OR TOWN (If outside	e carporate limits, write RURAL at	nd give nearest tawn)
ESSEX	54	ESSEX		
d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION	ss) d.	STREET ADDRESS		e. IS RESIDENCE ON A FARM?
414 BECK AUE	4.	14 BECK	AUE,	YES NO
3. NAME OF First	Middle	Last 4. I	DATE Month	Day Year
(Type or print)	T HEI	SER	DEATH APRIL	24 195
5. SEX   6. COLOR OR RACE   7. MARRIED		OF BIRTH		ER I YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED	DIVORCED A	R 15-189 =	last birthday) Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (Stole or fo	reign country) 12.	CITIZEN OF WHAT COUNTR
BALTO, CO. LOBERER RE	ETIRED	MA		
13. FATHER'S NAME	7	OTHER'S MAIDEN NAME		
JOHN A HEISER	^	1ATILDA	METZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. INFORMA	INT	Address	
(Yes, no. or unknown) (If yes, give wor or dates of service)	-12-4471 CHXI	DIFSAH	FISER	ABOUTE
18. CAUSE OF DEATH [Enter only one cause per line for		W-J /1 //	L 10 L 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	TH STATIC	CARCIN	IMMA	ONSET AND DEATH
15/X DUE TO	79011110	CANCON	00114	3140
C Ac	RCINOMA	OF STI	MACH	8 MO.
gave rise to immediate	CCIN OTO M	0, 0,	1111011	0 200.
tuice can take under-				
/ (0)	RIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY
OLY TO THE TOTAL T				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTR  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter	noture of injury in Port I	or Part II of item 18.)	TES [] NO []
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLACE OF	INJURY (Home, farm, 20	Of. (City or town)	(County) (Stote)
Hour o. m. While	Not while factory, stra	eet, office bldg., etc.)		(0.0.0)
		48 12	0 20 50	
21. I certify that I attended the deceased fr		1970, 10 21	R. 24, 195 8 that	I last saw the decease
alive on 77. 23, 19.38	, and that deoth occur		, fram the causes and an	
ACTUAL LAND	100.1	108 5.	RESS (Street, city or tawn, state)	DATE SIGN
SIGNATURE	eva Ca M.D.	100 3.	ノベラムのルンバ	1/25/
PHYSICIAN'S DOSF PH M	ICELI MO	شر	TSSEX 21	MO.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CREMA	TORY 22d.	LOCATION (City, town, or count)	r) (State)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	011/100	A 2	KAITA	Mh
BURIAL 4/28/38	OAK LAW	N	BALTO,	MD,
BURIAL 4/28/38	OAK LAW.	240. REC'D BY	REGISTRAR 246. REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours officer may be retained by the hospital or attending physician.

TO FUNERAL DIRE

1. After this certificate has been signed by the attending physician and completely filled in by the poge 3 should be decided for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shou may be retained by the haspital or ottending physicion.

O FUNERAL DIRE

R. After this certificate has been signed by the ottending physicion and completely filled in by the page 3 should be Jeached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and many event within 72 hours ofter death.

herol director,

I

death. Page 4

MARYEMNO STATE DEPARTMENT OF REALTH-EASTED ORG

CERTIFICATE OF BEATH

BANEVA A' &

8381 OE A9A



\*\*

**-15** 

4		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
0		4279 CERTIFICATE OF DEATH Reg. 1	Dist. No. 04255
1	1.	AACE OF DEATH WELLS 1910 100 100 100 100 100 100 100 100 10	lence befare admission)
		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  COUNTY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  COUNTY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  COUNTY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	
90		S. NAME OF HOSPITAL (If not in haspital, give street oddress)  OR INSTITUTION  A STREET ADDRESS  A STREET ADDRESS  A STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Month OF ILL Lost 4. DATE OF DEATH OF DEATH	22 1958
	7	eluale Joh, 12 WIDOWED 1 DEVORCED   May 16 +1883 135 175. Manths	ER 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	100	JUSTIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  12. Construction of retired)	CITIZEN OF WHAT COUNTRY?
	13.	Herbert a. gill Thom, to Delite	
	1S.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  11. per wor or detector service)  Address  Address  R. N. F.	12687327d 8f
1		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Description  And Coulomb	INTERVAL BETWEEN ONSET AND DEATH
		356.1 DUE TO	12 2000
		gave rise to immediate case (a), stating the under-	The state of the s
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
	CERTIFIC	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m.  p. m.  19  20d. INJURY OCCURRED Mile Not while at work at work at work at work at work at work.	(Caunty) (State)
		21. I certify that I attended the deceased from Oct., 1957, to present, 19 that	
		alive on Approx 1, 195 %, and that death occurred at 2 f M, from the causes and an ADDRESS (Street, city or town, state)  ACTUAL  ACTUAL	DATE SIGNED
1		PHYSICIAN'S ERNEST C. BROWN, JR. 1101 N. CALVERT ST.	APRIL 22,195
- 97	220	BURIAL CREMATION, 22b. DATE THEREOF CEDAR HILL CREMATORY 22d. LOCATION City, 1940, or county, 1800 of	) (State)
3	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	
9	4	ps. Thewler's Son fre. 1786 Paffire. MW. DATE ADR 2 8 '58 1 Per 1	

20.00

	direc	Hed v	-
	neral	(a)	-
	he	house	1
	by t	nd 2 s	
	lled i	es 1 o	
	tely fi	Pog	
	omple	pers.	, P
	ond c	ou bo	r dea
	Cion	e cort	offic s
	phys	remov	2 hour
	ending	eose	thin 7
	he off	hen p	ent wi
	by 1	it. T	NV eV
	ignec	pern	d in o
sicion	been	tronsi	l. one
d bh)	sou a	ourial-	emayo
tendir	ificote	the b	OF F
or o	is cert	use os	notion
spitol	ter th	For	I. crei
s retained by the hospital or attending physician.	Y Y	should be wetached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be Thied v	istror prior to burial, cremation or removal and in any event within 72 hours after death
by	0	6	4 10
panie	DIRE	old bi	r prio
e ret	RAL	sha	istro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4280 **CERTIFICATE OF DEATH** 

04256

1. PLACE OF DEATH o. COUNTY	Baltimon		MARY	LAND	2. USUAL RESIDENCE o. STATE	E (Where de	_	red. If institution b. COUNTY	on: Residence	e befor	e admissi	ion)
b. CITY OR TOWN ( RURAL and give n Catonsv	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY  2mths2ldy		e. CITY OR TOWN Baltimo				JRAL and g	ive near	rest town)	1. V
d. NAME OF HOSPI OR INSTITUTION SPRING	GROVE ST	a difference	oddress) HOSPIT AL		d. STREET ADDRE				- V	1	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fii Emily		Middle Anna		Lost Hill	4. D/	ATE	Mon April		Doy 22	, Y	760r 1958
5. SEX female			RIED MEVER MARRI	-	B. DATE OF BIRTH Aug. 16, 3	1911	9.		IF UNDER			
10a. USUAL OCCUPATION during most of war hou sewif	ON (Give kind of work king life, even if retired B	dane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (	(Stote or fore	ign count	ry)		S.		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIE							
John	Paine Butr	ner			Sor	phia N	ocar					
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice	social security no nknown		cords: SPF	RING	GROV	Addr E STAT		SPIT	AL	
Canditions, if a gave rise to i cause (a), stating lying cause last.	the under-	)	Congestive Pneumonia CONTRIBUTING TO DEA			TEDANINA DI	SEASE CO	NIDITION CIVI	FALLINI DADT		ET AND	
5 260x			Diabetes me	1111	tus				EN IN PARI	1(0) 17	PERFOR YES _	RMED?
-	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yes		Not while	20e. PLA	O. (Enter nature of injur CE OF INJURY (Home, lary, street, office bldg.	, form,   20f.			(Co	ounty)		(State)
actual SIGNATURE		lael	ed from Jan 58, and that slir, M. D.			ADDRE	fram tl is (Street E S!	ne causes a , city or town, t PATE H	nd an th	e date	e state	d above. TE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR	1/25/	58	Holy C	ross	CREMATORY Cem	22d. L	ocation alti	N (City, town, o	rylan		(State)	)
McCully	Funeral Hon	nes 1	30 E. Fort	Ave	DATE			1 1	Her	ue.n		

MASSILAND STATE DESCRIPTION OF MEATH

VALUE OF BUILDING

BUREAU V. S

DEALESE

VS A15 (4) 15M 10/57

1	及	
the cherol director,	ase remave corban papers. Pages 1 and 2 shauld be filed with	
iding physicion and campletely filled in by the coneral director,	popers. Poges 1 and 2 oth.	
ding physicion and	iose remave corban papin 72 haurs ofter deoth	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4205 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04257 Reg. Dist. No

										-	
PLACE OF DEATH o. COUNTY	lltimore		MAI	RYLAND	2. USUAL RESIDENCE (* o. STATE	Where deceas		Υ _			
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b		If outside corp	orote limits, write		The second division in the second		
OR INSTITUTION			oddress)		d. STREET ADDRESS	/	3				FARM?
					Ono Reec		<u>a</u>			123 []	NO.
DECEASED				lle	Lost	OF		25 ·			eor 9
SEX	6. COLOR OR RACE	7		RIED 🗍	B. DATE OF BIRTH		9. AGE (In year	s IF UNI	ER TYEAR	IF UNDE	R 24 HRS.
ale	White	WIDOW	ED DIVORO	CED 🔲	Feb.28,18	92	los 66 doy	Month	os Doys	Hours	Min.
during most of work	ting life, even if retired	9)			Co. Calve	rt Co				OF WHAT	COUNTRY
George W.	H111				Nannt	e Con	m G				
WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. 1		2 (49)		dress			E
PART I. DEA  PART I. DEA  40. I  Conditions, if or gove rise to in	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which (b) mmediate the under-	) ) )	ne For (a). (b), and (c	uar uar	y Occh y arter	Jusio	isla	06 I	TINT	ERVAT BET	WEEN A DEATH
	7 ***							IVEN IN I	PART 1(o)	PERFO	
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CKIBE HOW INJURY	OCCURRE	D. (Enter noture of injury	in Port I or Po	orf II of item IB.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	Not while	20e. PL fo	ACE OF INJURY (Home, fo ctory, street, office bldg.,	etc.) 20f. (Ci	ty or town)		(County)		(Stole)
21. I certify the olive on	or 1 attended the	deceas 195	180	at death	0 occurred of 4		m the couses	and ar		ite state	
PHYSICIAN'S NAME (Type)	TIED	15	~ PA	55							
The same of the sa	b. CITY OR TOWN (I RURAL ond give ne Arbuts d. NAME OF HOSPIT OR INSTITUTION OF BEECHSED (Type or print) W1]  SEX  2 1e  0. USUAL OCCUPATIC during most of work ired Mac FATHER'S NAME  PART I. DEA  PART I. DEA  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the olive on	Baltimore  b. CITY OR TOWN (If outside corporote lim RURAL ond give neores! town)  Arbutus  d. NAME OF HOSPITAL (If not in hospital, gor Institution)  6 Beechfield Ave  NAME OF DECEASED (Type or print) William Cla  SEX  6. COLOR OR RACE  White  O. USUAL OCCUPATION (Give kind of work during most of working life, even if retired during most of working life, even if retired tired Machinest  FATHER'S NAME  BEORGE W. Hill  WAS DECEASEDEVER IN U. S. ARMED FOI (If yes, give wor or date of the same of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Arbutus  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION)  Beechfield Avenue  NAME OF DECEASED (Type or print) William Clarence  SEX  6. COLOR OR RACE  7. MARR  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LIPON MACHINES  FATHER'S NAME  Beerge W.Hill  WAS DECEASED EVER IN U. S. ARMED FORCES?  IMMEDIATE CAUSE OF DEATH  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS  20. ACCIDENT WAS UNDERLYING (b)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m.  p. m.  19 of work  21. I certify that I attended the decease olive on 19.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Arbutus  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Beechfield Avenue  NAME OF DECEASED (Type or print) William Clarence Hill  SEX  6. COLOR OR RACE  WIDOWED DIVOR  OUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lired Machinest  FATHER'S NAME  Beorge W. Hill  WAS DECEASEDEVER IN U. S. ARMED FORCES? In SOCIAL SECURITY Now, pive wor or date of service)  IB. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (part in mediate couse (o), stating the underlying cover rise to immediate couse (o), stating the underlying cover list.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cover list.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO  Conditions, if ony, which gove rise to immediate couse of Death (b).  200. ACCIDENT WAS UNDERLYING COURSED While Not while of work of w	Baltimore  b. CITY OR TOWN (If outside corporote limits, write RURAL and give neorest lown)  Arbutus  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  6 Beechfield Avenue  NAME OF FIRST Middle  DECEASED  (Type or print) William Clarence Hill  SEX  6. COLOR OR RACE  White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED  10. USUAL OCCUPATION (Give kind of work done)  during most of working life, even if retired)  11 PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  21. I certify that I aftended the deceased from for colive on for colive	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neores! town)  Arbutus  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OB Bechfield Avenue  NAME OF HOSPITAL (If not in hospital, give street address)  OB Bechfield Avenue  Name Hospital Avenue  OB Board Arriver  OB DATE OF BIRTH  Feb. 28, 18  In DATE OF BIRTH  IN	D. CITY OR TOWN (If outside corporote limits, write and process of the control of the corporote limits, write and process of the control of the corporote limits, write and process of the corporote limits, write and control of the corporote limits, corporation and the death occurred at the corporote limits and the death occurred at the	D. CITY OR TOWN If outside ecoporote limits, write RURAL and give nearest fown)  D. CITY OR TOWN If outside ecoporote limits, write RURAL and give nearest fown)  Arbutus  A. NAME OF HOSPITAL (If not in hospitol, give street oddress)  D. Beechfield Avenue  D. Beechfield Avenue  B. DATE OF BECKASED  (If year print) William Clarence Hill  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH OF STAY IN 10 DEATH April  SEX    6. COLOR OR RACE   7. MARRIEDY NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In year In year	D. CITY OR TOWN (If outside corporate limits, write RURAL on RURAL to OR TOWN (If outside corporate limits, write RURAL on RURAL or RURAL	D. COUNTY Baltimore  MARYLAND  D. CITY OR TOWN (If outside corporote limits, write RURAL ond give nor RURAL	D. CITY OR TOWN If outside corporate limits, write RURAL and give nearest fown Arbutus  Arbutus  A. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR NAME OF HOSPITAL (If not in hospital, give street oddress)  OR NAME OF HOSPITAL (If not in hospital, give street oddress)  OR NAME OF DEATH Arbital  A. STREET ADDRESS  D. STREET ADDRES

att spid age	ERTHRICATE OF PEATH	b.
Braunts Lan.		original Jacobs
	EUPIN'S	autulea
	blettidness 508	506 beschileld Kvanne
	A	LAM edgersid calffile
		els/
	Markett gravitation . At a confiden	osbived Translitant Locked
		1411, 1000:000
tigational con it	All Research and Cosy	
		Auton V
APR 30 1958		
DE CEDA EU	to felt — who force? If us 9 inc	Piggal 4-29-58 Laude

. )

	1		
shauld be		crematian,	t
to the funeral director. ge 4 shauld be	-	ith the registrar priar to burial, crematian	1
funeral dire	nined far your files.	registrar pr	
to the	ined fa	ith the	

I

ar remaval.

VS.	A	15MI	E(5)	6
5	M	9/55	5 5	Ri
				10

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No 11258

1. PLACE OF DEATH a. COUNTY Ba	ltimore	428	MARYL	AND	O STATE	DENCE (N		sed lived. If i	nstituli				ssion)
and give negrest fown	Point 19,		c. LENGTH OF STAY II	N 1b			outside con	rporote limits,	write R	URAL ond	give n	sorest tov	wn)
	m Steel Ho		pitol, give street address 1	)	d. STREET A		n Ave.					ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Thom	as	Middle		ton kkelman		4. DATE OF DEATH		Month pri	1	Doy 3		958
5. SEX Male	White	WIDOWE			April 7	•				Months D	YEAR	Hours	R 24 HRS. Min.
Machini 13. FATHER'S NAME	St	Bet	thlehem Stee		Mary 14. MOTHER'S	Land	NAME			12. CITIZ	SAA	WHAT	COUNTRY
15. WAS DECEASED EVE	T Hinkelman  R IN U. S. ARMED FO  (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.		Marg FORMANT 3. Charl		Denni	Ado	dress 2 D	enton	Av	e. 1	9
Conditions, if an gove rise to immed (o), staling the u couse lost.	nderlying DUE TO		Coronary  Coronary			THE TERMI	INAL DISEAS	E CONDITION	GIVE	N IN PART	ONSET	AL BETWEE	UTOPSY
PART II. OTH  PART II. OTH  200. EXTERNAL CAU  PRIMARY [] or CON CAUSE OF DEATH.	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	ED. (En	ter noture of inju	ury in Port	l or Part II	of item 18.)			Y	ES 🗍	NO 🗌
20c. TIME OF INJUR Hour a. m. p. m.		While	NJURY OCCURRED   20e	PLACI factor	E OF INJURY (Hey, street, office I	ome, form bldg., etc.	20f. (Cit)	y or lown)		(Count	ty)		(Stole)
			emains described  ], Accident [],			Autapsy		nspectian :			N.	and f	ind that
ACTUAL SIGNATURE	m3	22	wi		m.D.		AMINER [					DATE S	GNED
	M. B. Davi				DEPUTY A		EXAMINER [					4-3	-58
220. BURIAL, CREMATION REMOVAL (Specify)	April 7,		22c. NAME OF CEMETER Oak Lawn (					TION (City, to)			21	(Slote)	)
23. FUNERAL DIRECTOR'S		Dunda	ADDRESS ALk, Md.			240. REC'I	APR 7	'58 24b. R	EGIST	RAR'S SIGN	NATUR!	1	

MARYLAND STATE DESCRIPTION OF HEAVING BANDERS OF ALTERNATIONS OF DESCRIPTION OF THE OFFICE OF DESCRIPTION OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE O

CONTRACTOR TO SERVE col more lite



SCEL 7 APA

DECEDAED

AN AND STREET TOTAL CHARLES AND

04259

		428	CERTIF	ICA	E OF DEA	ПП			Reg. D	Dist. No.	U	せんしい
1. PLACE OF DEA	н Baltimo re		MARYL		o. STATE Mary			d lived. If institut b. COUNTY		ence befor		ssion)
b. CITY OR TO	WN (If outside corporate limitative nearest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outs	side corpo	orote limits, write f	RURAL ond	give nec	arest tov	vn) V
Catons		1	28yr8mth 20d	tys	Havre de	Gra	ce,	Maryland	1:	221	4.0	
d. NAME OF I	OSPITAL (If not in hospital, g				d. STREET ADDRESS	S					ON	SIDENCE A FARM?
S PR TNG	CROVE STATE	HOSPI	Middle		unknown	la la	. DATE					
DECEASED (Type or print)	Nel		H.		Hof fman		OF DEATH	Apr		2	У	Yeor 19 58
. SEX			D NEVER MARRIED		DATE OF BIRTH		- LAIN	- et-			IF UND	DER 24 HRS.
female	white	WIDOWED			April 28.	18	76	9. AGE (In years last birthday)	Months		Hours	Min.
a. USUAL OCC	IPATION (Give kind of work	done 10b. K		_	-				12. C	ITIZEN O	F WHA	T COUNTRY
during most	f working life, even if retired	)			Pennsy				J	J. S.	. A.	
3. FATHER'S NA					14. MOTHER'S MAIDE			TREITO				
James	McGregor				Clara H	leis	stand					800
S. WAS DECEAS	DEVER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	DRMANT				fress			
unknown	(If yes, give wor or dates of s		ıknown	Rec	ords: SPR	RING	GR	OVE STA	TE H	HOS	TAL	
	F DEATH [Enter only one co	use per line	for (a) (b) and (c) 1							LINTI	EDVAL B	ETWEEN
lying couse	lost. (c	DITIONS CO	ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TE	ERMINA	AL DISEAS	E CONDITION GI	VEN IN PA	ART 1(o) 1	PERF	ORMED?
OR CONTRIB	NT WAS UNDERLYING   ITING   CAUSE OF DEATH OTHER MEDICAL EXAMINER)		RIBE HOW INJURY OC								YES [	] NOX[]
20c. TIME OF Hour		While	Not while of work	foctor	OF INJURY (Home, f y, street, office bldg.,	etc.)	20t. (City	or town)		(County)		(Stote)
21. I certi alive on  ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	y that I attended the April 2 Stella W	4 a el	)	death a	, 19, 55, to coursed at 2:3  SPRING Catons	GRC	OVE_	n the causes of treet, city or town,	and an		te stat	e decease ted abav PATE SIGNE 0-58
220. BURIAL, CRE REMOVAL (S	+ 11-	31	U- Pud	ERY OF C		R 27	2d. LOCA	Jon will haven,	or county)	w,	(Sto	ote)
23. FUNERAL DIRE	CTOR'S SIGNATURE		ADDRESS		24a. RI DATE		R 1 5		STRAK'S'S	BULL	The second	

may be retained by the haspital ar attending physician.

• FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the reneral director, page 3 shauld be assached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/57

oth: Page 4

BURLAU K. 1958

HYARIO SO STADINITIES CONTRACT

March Control

4283 CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY onsville b. COUNTY MARYLAND Mzryland Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (M. putside-corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Catonsville 1mthl7dvs Woodlawn - Baltimore J. Md. d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? SPRING GROVE STATE HOSPITAL 3427 Abbi YES NO NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH April Rov Hoffman 19 58 (Type or print) Herman 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Months Days Hours white DIVORCED [ mal e WIDOWED | March 14. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Police Dept. U. S. A. parolman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Hoffman Hannah E. Meely 15. WAS DECEASED EVER THE TARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address July-Dec. yes Unknown Records: SPRING STATE HOSPITAL GROVE 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (o) **DUE TO** Parkinson's disease permif. Canditions, if any, which gned gave rise to immediate **DUE TO** cause (a), stating the underbeen si lying cause last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS) 0 PERFORMED? YES NO Y 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a.m. Not while of work at wark 21. I certify that I attended the deceased from March ...... 19\_58, that I last saw the deceased ., and that death occurred at 6:45 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) SPRING ACTUAL GROVE RADAUSKAJ PHYSICIAN'S NAME (Type) Catonsville 28, Maryland 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 19/58 Burrial Lorraine Park Cem Woodlawn, Md 0 23. FUNERAL DIRECTOR'S SIGNATURE /ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SHANG TO STADRITUSED A TOTAL

THE STATE OF STATE OF

BUREAU K. S.

8361 6 Adv

DECEINED

Street Bullet . IN . Street de totten

3361 81 A9A

EGENACI

The burning has sell been 200 200 at 100 at

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4285

Ren. Dist. No.

04262

			<i>-</i>					mag. or			
o. COUNTY Ba	ltimore		MARY	- 11	o. STATE Ma	E (Where decease ryland	ed lived. If instituti b. COUNTY	on: Residen	Arund	mission) el	
b. CITY OR TOWN (I RURAL and give no	f autside carporote lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
Resident Catonsville 23 days					Pasad	lena	- 0	2 X	- de	V	
d. NAME OF HOSPIT	AL (If not in hospitol,	jive street	oddress)		d. STREET ADDRE	ESS				RESIDENCE	
	rove State		lov. Rito	hie High	way			N A FARM?			
3. NAME OF DECEASED (Type or print)	obert	Geo	rge Hoo	~ **	Last	4. DATE OF DEATH	April.	ith	Doy 12	Year 19 58	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 8. C	ATE OF BIRTH		9. AGE (In years			NDER 24 HRS.	
Male	White	WIDOWE	DIVORCE		8-25-90		lost birthday) 67 yrs.	Months	Days Ha	urs Min.	
On. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE	(State ar foreign o	country)	12. CIT	IZEN OF WI	HAT COUNTRY?	
Painter					Baltim	ore, Mar	yland	11 1100	U.S.		
3. FATHER'S NAME				1	4. MOTHER'S MAI						
William	Andrew Ho	ck		100	Alice	Bush					
5. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. INFO	RMANT		Add	ress			
No	you war or ones or t		14-03-6991	Mrs.	Myrtle	Hook	Same	100			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Con	diac Failu						INTERVAL ONSET A	BETWEEN AND DEATH	
Canditians, if a		Dno	umonia						3 d	ays	
lying cause lost.	the under-	Gene	ralized Ca	chexia	-Depress	ed-refus	sed to ea	t.		onths	
A			ONTRIBUTING TO DEA					'EN IN PAR	PE	AS AUTOPSY RFORMED?	
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	ERIBE HOW INJURY OF	CCURRED. (E	inter nature af inju	ry in Part I ar Pa	rt II af item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	19	While at work	Nat while	factory	OF INJURY (Home , street, affice bldg	J., etc.)			County)	(State)	
21. I certify the alive anAD		decease 50 19	ed fram Marc	h 17, death ac	, 19 <u>58,</u> to curred at <u>1:</u>	10P_M, fra	m the causes of treet, city or town,	ind an tl	last saw t he date st	he deceased ated abave. DATE SIGNED	
SIGNATURE	now W.	1924	sort m	<u>M.D</u>					/	4/12/5	
PHYSICIAN'S NAME (Type)	onas R. Ra	ppepo	rt M.D.		Spring	Grove_St	ate Hosp	ital	Catons	ville.M	
REMOVAL (Specify)	A PRILIG		GLEN		EMATORY		TION (City, town, o			State)	
3 FUNERAL DIRECTOR		2	ADDRESS	7		REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIG	GNATURE	Dyc Die	

an Elman Section of the State o

BUREAU V. S.

8361 31 APA.



04263

4195 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY B. A. TO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR JOWN (If outside carporole limits, write RURAL and give nearest tawn)  DUNDALL (22)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DUNK AN RCL,	1914 TYLER RI
	3. NAME OF DECEASED (Type or print) JOHN LEWIS /	4. DATE OF DEATH 4 9 4 5 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  BENT, 26, 1894  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  MACHINIST  BOAT CONSTR	nd U.S. A.
	SIMON HOPF	14. MOTHER'S MAIDEN NAME  K. PISTOL
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (You, no, or unknown)  (If yes, give wor or dates of service)  (You no, or unknown)  (If yes, give wor or dates of service)	NFORMANT Address 7, N, FORSYTHE - SAME
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost.  (c)	Thombosis Interval Between enser and Death steriosclososis 8 years
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
		D. (Enter nature of injury in Part t or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. While Not while for work of work of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, affice bldg., etc.)
	21. I certify that I attended the deceased fram.  alive on 2 + a fund., 1958, and that death  ACTUAL SIGNATURE  PHYSICIAN'S BERNARD W. SOLLOD, 19  NAME (Type) BERNARD W. SOLLOD, 19	n occurred at 9:20 AM, from the causes and on the date stated abave.  ADDRESS (Street, city or joyn, state)  DATE SIGNED  4-25-55  D. Dundul - 22-W.
	PREMOVAL (Specify) 428/58 BALTU, CE	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	13. FUNERAL DIRECTOR'S SIGNATURE BUSILIES, ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DR 2 0 150

oth. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

After this certificate has been signed by the attending physician and campletely filled in by ned for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 ial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIRECT After page 3 should be detached for the registrar prior to burial, c

ATSEC FOLEYALIBITES OF AMERICA THE STREET, ST. BUREAU Y. S. 3381 88 A9A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04264 4286 CERTIFICATE OF DEATH Ren Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY filed \ b. COUNTY Baltimore MARYLAND Maryland Reltimore P b. CITY OR TOWN (If outside corporate limits, write C TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give negrest town) Pikesville Pikesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Randall YES NO ATTO NAME OF First 4 DATE Middle Month Day Year DECEASED OF Katherine Howard April (Type or print) 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) R. DATE OF RIPTH IF UNDER 1 YEAR IF LINDER 24 HRS Months Dovs Hours WIDOWED | DIVORCED | famala white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. home Marvland Housewife OWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Jane Stuller John C. Eaton 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Randall 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO ony Conditions, if ony, which signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) Hour a. m. factory, street, office bldg., etc.) While Not while of work at work 21. I certify that I attended the deceased from 23 22 april, 1958, that I last saw the deceased and that death occurred at 11.3 50M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 808 Reisterstown Rd. PHYSICIAN'S Paul H. Royse, M.D. Pikesville 8. Maryland NAME (Type) 270. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Vemeterv 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

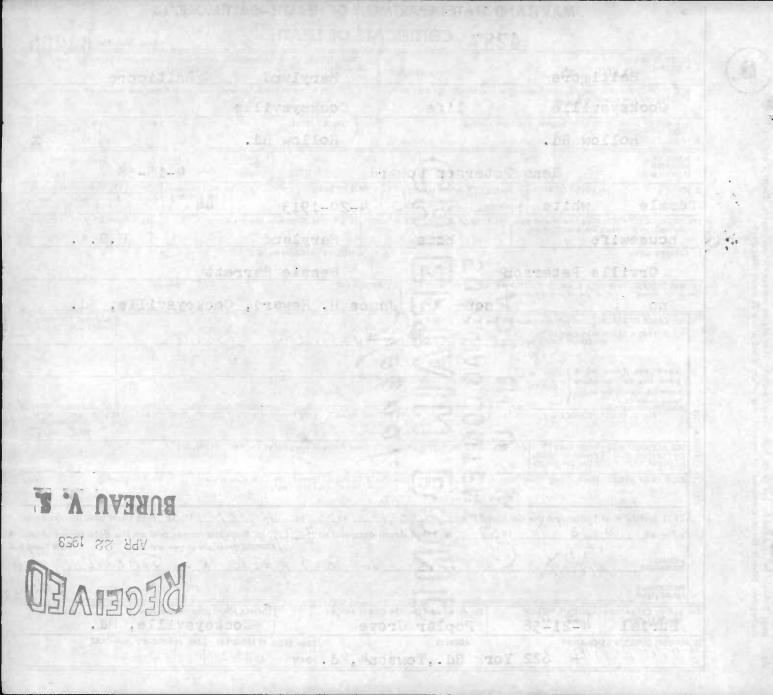
1 march 8381 08 **99A** - Bell Boisterer atom Ma. Filmsville 8, Margi

VS A15 (4) 15M 9/55 I

0

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

	42	87 CERTIFICA	ATE OF DEAT	Н	Reg. Dist. No. 04265	
PLACE OF BEATH C. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (V a. STATE Maryla	b. COUNTY	tion: Residence before admission)	
b. CITY OR TOWN (If autside corporate RURAL and give nearest town)  Cockeysville	limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	Foutside corporate limits, write f	RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION HOLLOW Rd.	I, give street	address)	d. STREET ADDRESS Hollow	Rd.	e. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print) Re	<sup>First</sup> na Pe	Middle terson Howan	rd Last	05	Day Year -18-58 19	
SEX 6. COLOR OR RA	VIDOW	RIED X NEVER MARRIED	8. DATE OF BIRTH 4-20-1913	9. AGE (in years last birthday) 44 yrs.	Manths Doys Hours Min.	
<ul> <li>USUAL OCCUPATION (Give kind of wo during most of working life, even if reti housewife</li> </ul>	rk done 10b. red)	kind of Business or Indu	JSTRY 11. BIRTHPLACE (Statement of the Maryla		12. CITIZEN OF WHAT COUNTRY	
FATHER'S NAME Orville Pete				Barrett		
WAS DECEASED EVER IN U. S. ARMED I es, no, or unknown) (If yes, give war or dates	of service)		informant ames H. How		sville, Md.	
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT C	(c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	THI	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury is	n Part I or Part II af item 18.)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of						
21. I certify that I attended alive an 4/13  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	he decease , 19.5		1958, to h accurred at 9:20 M.D. 1977	, , , , , , , , , , , , , , ,	C, that I last saw the decease and on the date stated above DATE SIGNE	
BUNIAL, CREMATION, 22b. DATE THE BUNIAL SPECIFY 4-21-		Poplar Gr		22d. LOCATION (City, town, Cockeysvi		
Suntant Director's Signature 6	22 Yo	ADDRESS rk Rd., Tows		C'D BY REGISTRAR 246. REG	HSTRAR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4288 CERTIFICATE OF DEATH Reg. Dist. No. 04266 With filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) g. COUNTY o. STATE BALTIMORE COUNTY b. COUNTY MARYLAND MARYLAND BALTIMORE CO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) TOWSON TOWSON d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO F 8627 WILLOW OAK ROAD = 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED OF DEATH (Type or print) WITT.T.TAM ALFRED HOWARD APRIL 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Manths Hours Days WHITE WIDOWED [ DIVORCED T 49 papers. MALE YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A CROWN CORK PECHNICAL CONSULTANT & SEAL MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARRIE M. LARDERER WILLIAM ALFRED HOWARD SR. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address FAMILY RECORDS NONE NONE NONE 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN y blokder ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 181.0 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 29d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while ot work at work \_\_\_ 195 F. to 4/1 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 3 P M, from the causes and an the date stated above. alive an ACTUAL 0 PHYSICIAN'S GRAU NAME (Type) NER. 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) MARYLAND 100 DLAWN BURTAL WOODLAWN CEMETERY 0 23. FUNERAL DIRECTOR'S SIGNATUR 246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

VS A15 (4) 1SM 9/SS

HTARE TO RETIRICATE OF BEATH

(2. 1) (2. 1) (3. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4. 1) (4

RUREAU V. S.

8561 L 86V

DECENAED

1./5/.

188.8 36 4 65.

# may be retained by After this certificate has been signed by the attending physician and campletely filled in by the anterol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4289 CERTIFICATE OF DEATH

Reg. Dist. No. 04267

1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8411 Loch Raven Blvd.	d. STREET ADDRESS  8411 Loch Raven Blvd  e. 15 RESIDENCE ON A FARM? YES NOW
3. NAME OF First Middle DECEASED (Type or print) Mr. Wildred 7.	Hureau  4. DATE Month Day Year OF DEATH Annil 25th 1958
5. SEX  6. COLOR OR RACE 7. MARRIED DEVER MARRIED   Married Divorced   Midowed Divorced   Midowed Divorced Divorced   Midowed Divorced Divorced   Midowed Divorced Di	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.    Nau 15, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Insurance	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY  Everett. Mass. 11SA
13. FATHER'S NAME Cleophas Hureau	Mary Louise Boucher
15. WAS DECEÁSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II [If yes, give war or dates of service] 136 = 0.01 = 9432	rs. Denyse U. Hureau, 8411 Loch Raven
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemmhage interval between onset and death
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Cartenoschusis 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \) NO \( \)
	D. (Enter nature of injury in Port 1/6r Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fox While Not while of work of work	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from May 2 alive on Company 2 , 1958, and that death ACTUAL SIGNATURE WILLIAM F. REALE	accurred at 1015 M, from the causes and on the date stated above ADDRESS (Street, city or town, stote)  DATE SIGNEY  M.D. 2105 N. Charles Street 4/25/58
PHYSICIAN'S Dr. Wm. Ferguson Pearce	Baltimore, Maryland
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 4/30/1958 Mt. Olivet	Cemetery Red Bank, New Jersey
Leonard J. Ruck 5305 Harford Road	#14 DATE APR 2 8 '58 CLUB EQUEL

BUREAU V. S. 8391 88 A9A

or files. Page

I

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necess execute the certificate word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dirty should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for to FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board or its designated agent, priar to burial, crematian, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVA MINIEDIS CEDTICICATE OF DEATH

	MAKITAIN SIVIE DELVI	VILLE OF HEALTH DALIMONE,	10
	MEDICAL EXAMIN	IER'S CERTIFICATE OF DEATH	Reg. Dist. No. 04268
Item 9	Film G228, 4/21/58	fcy	Reg. Dist. No.
DEATH	1200	2. USUAL RESIDENCE (Where deceased lived. If institu	ution: Residence before admission)

-				_		La Hella acem	50105 4144			- 4 4		
	DALT	IMORE COUNT	42	90	RYLAND	C STATE	ARYLAND	deceased lived. If in b. COI	INITY .	BALTI		ission)
	b. CITY OR TOWN (If and give nearest lawn) TIMON		RURAL	c. LENGTH OF STA	Y IN Th		OWN (If autsid	e corporate limits, w	rrite RURAL	and give r	nearest to	wn)
		AL OR INSTITUTION (I	f not in hosp	pitol, give street odd	ress)	3. STREET ADI		ON		A FARM?		
3.	NAME OF DECEASED (Type or print)	Fin ORORO	E SHE	Middle		Lost HUTTON	4. DA		RIL.	Doy		ear 9 <b>58</b>
5.	SEX MALE	The state of the s	P 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DE NEVER MARR	IED 8.	DATE OF BIRTH	.1911	9. AGE (In year lost birthday)	's IF UNI	DER TYEAR		ER 24 HRS. Min.
M	during most of working	ON (Give kind of work of g life, even if retired) TION CONTRO	done 10b. K	IND OF BUSINESS C	R INDUST	RY 11. BIRTHPLAC	E (State or for	eign country)			S'.A.	COUNTRY?
	JAMES HU	TTON				LID	A RENNE					
	NO	ER IN U. S. ARMED FOI (If yes, give wer or dates of : NONE		SOCIAL SECURITY N	O. 17. IN	FAMILY	RECORD	Add	ress			
CATION	Conditions, if a gave rise to immed (a), stating the cause last.  PART II. OTH	diate cause	DITIONS CO	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	HE TERMINALD	isease condition	GIVEN IN		PERFO	AUTOPSY PRMED?
CERTIF	20a. EXTERNAL CAL PRIMARY ar COI CAUSE OF DEATH.	USE WAS TRIBUTING ()	b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature of injur	y in Part t or P	art II of item 18.)				NO []
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED Not while of work		CE OF INJURY (Horry, street, office bl		. (City or tawn)		(County)		(Stole)
		resulted from: 1		/	ed abareident [	M.D. CHIEF MED	LUTOPSY	cide [], Und	, Inq	uiry D	er 🗌	d in my
22	a BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEM	ETERY OR	CREMATORY		LOCATION (City, to	wn, or coun		(Stot	e)
23	BURIAL EUNERAL DIRECTOR	SSIGNATURE JOSE	7,1958	ADDRESS  JELOGO	4	/ /	40. REC'D BY R		EGISTRAR'S			

1191, 00, 1911 SELVIED ESS

ار الماسية الم

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4291 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. CQUNTY; b. COUNTY MARYLAND 12al Timore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10 mon New York d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Park Ave. YES NO (former pue 2 NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIETH ACE (In years lost birthday) Months Doys Hours WIDOWED M DIVORCED T paper. Too. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL mave honu 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Washington 8 (If yes, give war or dates of service) Mrs. Katherine Graves - 3067 no Whi tehaven none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cotse (o), stoting the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while 19 D. m. of work ot work 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at\_ M, fram the causes and an the date stated above. ADDRESS (Street, city or/fown, stote) DIREC SIGNATURE 0 HOSPITAL may be retained FUNERAL I PHYSICIAN'S NAME (Type) co 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page the re REMOVAL (Specify) temova Spring Grove Cincinnati Ohio 0 23. FUNERAL DIRECTOR'S SIGNAFURE ADDRESS 24a. RECID BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 15M 9/55

	BTHREATE C		
	* * * * * * * * * * * * * * * * * * *		
	3		A REST
		Arr- 1444	2010101
			or sur- or sur- or sur-
BUREAU V.			ar agreement to the second of
SZEI SE AGA		Sylve	Committee of the Commit
I I I I I I I I I I I I I I I I I I I			
ALCOHOLD TOOL TOOL TO			Application and all

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem #12 Film G228 - 1/21/58 - mb 1 2 0 2 CERTIFICATE OF DEATH

04271

1			3636		TIONIE OI			R	eg. Dist. N	0.
1	o. COUNTY	Baltimore		MARY	O STATE	1/1	ere deceased lived	l. If institution: b. COUNTY	DV /	fore admission)
	RURAL and give ne	Rosedale		NGTH OF STAY	IN 16 c. CITY O	/3 /	itside corporote li	mits, write RUR	At ond give n	earest town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g 1907 W.	10 //	"Avenu		6022	Falkir	k Road	!	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Mrs. Jos	ephine	(Ono)	rato) Isa	abella	4. DATE OF DEATH	Month	il 1	Oay Yeor 7 . 19 5 8
	sex female	6. COLOR OR RACE white	7. MARRIED WIDOWED	DIVORCE	Dec.	28, 18	395 los	62 yrs.	UNDER 1 YEA	Hours Min.
14	during most of work	ing me, even ir retired;	lone 10b. KIND (	OF BUSINESS O	R INDUSTRY 11. BIRTH	PLACE (State a	r foreign country)		12. CITIZEN	of WHAT COUNTRY
13	Angelo	Onorato			1 1	r's maiden na inette	11	la		
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		L SECURITY NO	Mrs. Ma	ry Pre	eviti,	Address 1907 W	lilhem	m Avenue
		he under-	$\frac{m}{a}$	o), (b), and (c).  YOU	ndial	de	genera	ntiun		TERVAL BETWEEN NSET AND DEATH
CEPTIFICATION			DITIONS CONTRI		ATH BUT NOT RELATED				IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OF	CCURRED. (Enter noture	of injury in Pa	art I or Part II of	item 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While _ N	OCCURRED lot while t wark	20e. PLACE OF INJURY foctory, street, off	(Home, form, ice bldg., etc.)	20f. (City or to	wn)	(County	r) (Stole)
	21. I certify the alive an	at 1 attended the	deceased from 19	7	death accurred o	A	M, from the DORESS (Street, c	causes and	an the d	saw the deceased ate stated abave DATE SIGNED
2	PHYSICIAN'S NAME (Type)	FNIS. J	me	YKA	TH.				4	117/58
L	REMOVAL (Specify)	4/21/58	H	oly Re	tery or crematory deemer (e	em.	Balti	City, town, or c	Mary	Land (Signe)
23	Leonard	J. Ruck	5305	Harfo.	rd Road.	24o. REC'D	BY REGISTRAR	24b. REGISTRA	AR'S SIGNATU	JRE
						APR.	2 1 38	w.t.	such	

ANALYZE STATE DENANSMENT OF HEALTH -SALTANORS, 18



VS A15 (4) 15M 10/57

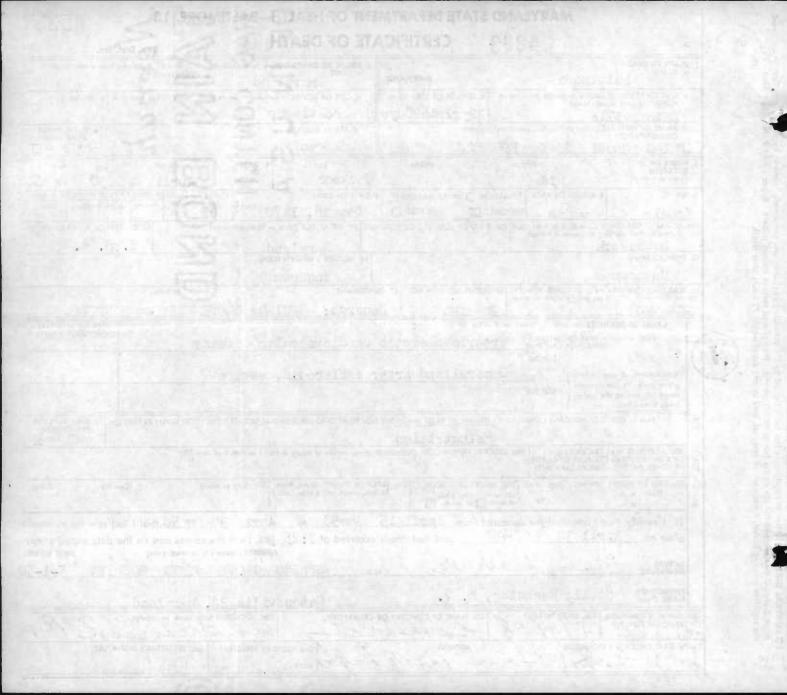
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

4293

8 (5387) Reg. Dist. No.

		1. FLACE OF DEATH O. COUNTY Baltimore MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
		b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)					c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)							
		Catonsvi	_		22yr2mth20	dys	Baltimore 3vol-4							
		d. NAME OF HOSPIT	AL (If not in hospital, g	ive stree	t address)		d. STREET ADDRESS e. 1S RESIDENCE							
	S	PRING GRO	OVE STATE	HOS	PITAL		Unknow	m					_	FARM?
		NAME OF DECEASED (Type or print)	Fii <b>Id</b> a	st	Middle		Jackson	4	OF DEATH	Mor Apri		Do	0	Year 19 58
	5.	SEX		7. MAS	RIED NEVER MARRIED	ПВ	DATE OF BIRTH							ER 24 HRS.
		emale	white	WIDOV	VED 🌠 🥕 DIVORCED		May 18	, 1870		9. AGE (In years last birthday) 87 yrs.	Months		Hours	Min.
	100	. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State or	foreign c	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY?
		housewo					Ma	ryland			U	S.	A.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NAA	AE					
		Unknown					Un	known						
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
		ınknown	ir yes, give wor or odies or s		ınknown	Re	ecords:	SPRIN	G G	ROVE ST	ميرار ا	HOSE	TAT	
			TH [Enter only age co		ine for (o), (b), and (c).]	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MA EAST IA	<u>u</u> <u>u</u>	ILOVIS DI	1111	1000	RVAL BI	
			TH WAS CAUSED BY:		rteriosclero	tic	cardion	יפרוומסי	n di	50050		ONS	ET AND	DEATH
1		422.1	IMMEDIATE CAUSE (a		· vol robotero	010	Cararov	ascula	ı uı	sease		1		
		Conditions, if a	ny, which )	Ge	eneralized a	rter	rioscler	osis.	SOVO	re		1		
		gave rise to in	nmediate (			2 004	.2050202	00103	56 16.	1.0				
		Living course lost												
	Z													
2	ATIC	PERFORMED?									RMED?			
	FIC	Malnutrition  YES NO 50  200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)									NO DO			
	L CERTIFICATION													
	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	20d. While at wo	Not while	0e. PLA	CE OF INJURY (Hory, street, office	lome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
		21. I certify that I attended the deceased fram April 15 , 1958 , ta April 30 , 19 58 , that I last saw the deceased												
		alive an April 30 1958 and that death occurred at 7225 DM from the course and an the detected above												
		, and the date stated above.												
		ACTUAL	Kella K	Wa	elester_		. 5					CDTM		ATE SIGNED
		SIGNATURE M.D. SPRING GROVE STATE HOSPITAL 5-1-58												
		PHYSICIAN'S NAME (Type)	Stella Wach	sler	, M. D.		C	tonsv	ille	28. Mary	land			
	279	BURIAL, CREMATION	N, 22b. DATE THERE	-8	22c. NAME OF CEMET	ERY OR	CREMATORY	22	d. LOCAT	TION LETY, town,	or county)	-	Stot	PRI
	236	PUNERAL DIRECTOR'S	SIGNATURE	9	ADDRESS		O K	O DECIDO	V DECIST	2010	TRANS	es	٠	
		to 0-7	about	La	x2/3/	8	Ludh	24o. REC'D B	I KEGISI	RAR 24b. REGIS	KAK 5 5	IGNATUR	1	
	4	-110	ny o		- 91	0 '	1	DATE	Y 0	'58 00	She	Buch	1	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4294 CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNT b. COUNTY MARYLAND ard Bra b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED A DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Then DUE TO permit. any Conditions, if any, which signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED / 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. ft. While Not while of work of work p. m. 21. I certify that I attended the deceased from "that I last saw the deceased 2, and that death accurred at M, from the causes and an the date stated above. ACTUAL pe P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote REMOVAL (Specify) 2 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE

HITAER DE PERMINENTE DE DESTIN

Neitzpied.

The sound

Tal.

AND THE PERSON NAMED IN

Francisco de licino de la companya d

Sealer Control

THE PERSONS

A TOTAL TOTAL

The What I

400

in white

M XM 30 - COM IO IOU

The wrotes in

BUREAU V. S.

879: 86 AGA

DECENTED

VS A15 (4) 15M 9/SS 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4295 CERTIFICATE OF DEATH

Reg. Dist. No() 4272

1. PLACE OF DEATH  o. COUNTY  Baltimore County  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  CORRISANS VILLE COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Mt. Wilson, Md. 10 days	OCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSULUTION Mt. Wilson State Hospital	d. STREET ADDRESS  o / X - 2  o. IS RESIDENCE on A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) /SAAC	JOHNSON DEATH HONTH Day Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  TONE CRUSHER RETURNS	STRY 11. 81RTHPLACE (Stote or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?
COLURBUS JOHNSON	JOSEPHINE MCCOY
(Yes, no, or unknown) (If yes, give wor or dates of service)	ospital Records, Mt. Wilson State Hospital
1000	ED PULMONARY TBE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying</u> Couse last.  (b) (b) (b) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CONTRIBU	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of work of work 1	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from 4-9 olive on 4-19, and that death	1958, to 4-19 1958, that I last saw the deceased a occurred of 949, from the causes and on the date stated above, ADDRESS (Street, city or town, state)  DATE SIGNED
BUYERLANIE Villiam Muremes -	M.D. Mt. Wilson, Maryland rintendent
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 4/22/58 Porter Cem 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	etery Ellersie Maryland
Doth B Cll C 1 2 1	yland DATE APR 2 3 '58 Cheffeauch

MARYIAND SIANE DEPARTMENT OF DEATH

CONTROL OF THE CONTROL OF DEATH

CONTROL OF THE CONTROL OF T

117-10-7237

The second second

one the

BUREAU V. S.

8381 88 A9A



Arion description of the company of

Hall . Dista comperison, mary and

Transfers of

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4296 CERTIFICATE OF DEATH

04273

		<b>U</b>		Reg. Dist	. No.
1. PLACE o. CO	E OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	d lived. If institution: Residence b. COUNTY	before admission)
ur	MAL and give nearest town) City	5475	c. CITY OR TOWN (If outside corpo	orote limits, write RURAL and gi	1-4
Yoth	AME OF HOSPITAL (If not in hospital) give street address R INSTITUTION  PER HOUSE OX NOTRED	amesist	d. STREET ADDRESS	harlesst	e. IS RESIDENCE ON A FARM? YES NO
3. NAM DECE (Type	ASED MARY	Middle	NES 4. DATE OF DEATH	apr1/	Day Yeor 195
S. SEX	4 6. COLOR OR RACE 7. MARRIED WIDOWED W	DIVORCED _	May 31 1890	1 . 1 . 1 . 1	YEAR IF UNDER 24 HR Days Hours Min.
500	UAL OCCUPATION (Give kind of work done 10b KIND of ing most of working life, even if retired)	estata	STRY 11. BIRTHPLACE (Stote or foreign of	ountry) 12. CITIZ	EN OF WHAT COUNT
0	Sigurori Shaj	Her	14. MOTHER'S MAIDEN NAME		
IS. WAS (Yes. no. o	DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL of unknown [If yes, give wor or dates of service]	D-7954x	Sister MARY M	atrona X	Jame
18.	CAUSE OF DEATH [Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o), (b), and (c).]	a see of in	No Odani	INTERVAL BETWEEN ONSET AND DEATH
Co	153.0 But to onditions, if ony, which ) (b) Mile		To Conservation	- 500.00-01	
cou	ove rise to immediate use (a), stating the under- ng cause last.	davi	ety	The state of the s	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO S
OR OR O	ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO CONTRIBUTING   CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature of injury in Port I or Por	t II of item 18.)	
WEDICA 20c.		OCCURRED 20e. PL fo work	ACE OF INJURY (Home, form, 20f. (City ctary, street, office bldg., etc.)	or town) (Co	unty) (Stote
	I certify that I attended the deceased from the company of the com		022//	18, 1958, that I lo	
ACT	111	Zm.	accurred at ADDRESS (S	treet, city or town, state)	date stated about the batters of the
PHY:	SICIAN'S S. G. Sullivan		Bullewine	2m/	J
	RIAL CREMATION, 226. DATE THEREOF 22c. N MOVAL (Specify) 26. DATE THEREOF 22c. N	AME OF CEMETERY O	P. CREMATORY 22d. LOGA 1 E / S	TION (City, town, or county)	nd Md
23. PUNE	ERAV DIRECTOR'S SIGNATURE AL	DORESS	RA 240. REC'D BY REGIST	- 10	NATURE

MARYAND STATE DEPARTMENT OF HEALTH STUTIMORE, TO

CERTIFICATE OF DEATH

BUREAU Y. E.

836: SS 994

DECEMENT

may be retained by

VS A15 (4) 15M 10/57

4297

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 

1.	PLACE OF DEATH o. COUNTY B	altimore		MARYE	AND	2. USUAL RESIDENCE o. STATE Mary	(Where decease	ed lived. If institut b. COUNTY		ce befo	ore admiss	ion)
	b. CITY OR TOWN (I RURAL ond give no Catonsvi		ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN Baltimore		-	RURAL ond	7	arest tawn	)
1	d. NAME OF HOSPIT	AL (If not in hospital, g	jive street			d. STREET ADDRES	S		01	i fighter	e. IS RES	IDENCE FARM?
S	PRING GRO	VE STATE	HOSE	PITAL		4384	Parkton	Street			YES [	NO 🗌
3.	NAME OF DECEASED (Type or print)	Mild		Middle Rebec	ca	Jones	4. DATE OF DEATH	Apr.		29	,	Yeor 19 <b>58</b>
5.	female	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRIE		8. DATE OF SIRTH March 19.	19.0P	9. AGE (In years lost birthdoy)	Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.
L	facto	ON (Give kind of work king life, even if retired Or WORKER	done 10b.	KIND OF BUSINESS OF	R INDU		itate or foreign o		12. CIT		F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
	William	L. Procto	r			Mary E	. Kerr					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	dress			
	no			17-03-0328	Rec	cords: SPR	ING GRO	OVE STAT	E HO	SPI	TAL	
CERTIFICATION		the under- DUE TO (content to the under- ) (co	Pr	nanition and resentle bra	ain тн вит	di sease			VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury	y in Port I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yei	While of wor	Not while		ACE OF INJURY (Home, tory, street, office bldg.,		y ar tawn)	(0	County)		(State)
1.		N, 226. DATE THERECO	12.58	Ler, M. D.  22c. NAME OF CEMENTAL ADDRESS	deoth	R CREMATORY LIGHT 240. 1	ADDRESS (S G ROVE	m the causes of treet, city or town, STATE H  Marylan  Tigh (City, town, playing)	ond on the stote) OSPIT	AL Oto	te state	ed above TE SIGNE 9-58
	Frank W.	Seitz, 81	4 W.	36th St.,	Bal	to . Md . DATE	MAY 1	Jo le	Alex.	10/		

				XX.	
	2 5 5 10 to 1				
		Cursoft to			
g A 4	TICLE A COL				
			COLUMN TO SERVE		
			1011		
	THE RESERVE TO LAND				
	. Ist of the last 5		.4		

VS A15 (4) 15M 10/57

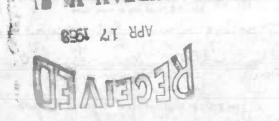
H

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

04275

1. PLACE OF DEATH	474	×			wag. u	Dist. No.				
o. COUNTY	10.00	= MARYLAND	2. USUAL RESIDENCE (V		L COUNTY	· ·				
SPICI	HAUK	<u></u>	11111		13/11	TIPORE				
b. CITY OR TOWN (If outside of RURAL and give nearest town	orporote timits, write	c. LENGTH OF STAY IN 1			mits, write RURAL and	give nearest town)				
CATONSYI	LE	1 YEARS		IMORE	3 Vo	1-4-				
d. NAME OF HOSPITAL (IF not or INSTITUTION SPRING Q	ROVE STE		d. STREET ADDRESS 4916 C	URTIS	Ar.	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First	KACZO7	ROWSKI	4. DATE OF DEATH	APRIL	Day Year 15 1952				
5. SEX	R OR RACE 7. MARR	ED DIVORCED	8. DATE OF BIRTH 7 1877	9. AC	E (In years IF UNDE horthday)  Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.				
10a. USUAL OCCUPATION (Give k during most of working life, ex	ind of work done 10b. ven if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (SIGN	10	12. C	ITIZEN OF WHAT COUNTE				
13. FATHER'S NAME		1	14. MOTHER'S MAIDEN	* * * * * * * * * * * * * * * * * * * *		103711710				
VNKOWN				,						
15. WAS DECEASED EVER IN U. S.	ARMED FORCESS 14	SOCIAL SECURITY NO. 17	INFORMANT	W 14	Address					
	vor or dates of service)	SOCIAL SECONITI NO. 17	HOSPITA/	RECOR						
18. CAUSE OF DEATH [Enter	only one couse per lin	ne for (o), (b), ond (c).]				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) HEART FAILLURE ONSET AND DEATH										
450.0	DUE TO									
Conditions, if ony, which	) (b) Q	EVERALIZA	ED ARTI	REOSCI	EROSES					
gave rise to immediate cause (o), stoting the under-	C DUE TO	)		2.14.2000	CICOSCS					
lying couse lost.	(c)									
PART II. OTHER SIGNIE		ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
PART II. OTHER SIGNIF	YING [] 20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port 11 of	item 18.)	1.00				
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. It While of world	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m. 20f. (City or to	vn)	(County) (State				
	ended the decease	ed from 3 /	2 . 195/ to 4	1/15	19 5 8 that I	last saw the deceas				
21. I certify that I atte										
21. I certify that I atte	/ 1 1000 21	and that dea	th accurred at 1 / . 75							
21. 1 certify that I atte	15, 195	and that dea	th accurred at 12, 25							
alive an 4	/ 1 1000 21	2 and that dea	٤	ADDRESS (Street, o		DATE SIGN				
alive an 4	/ 1 1000 21	Spuible	M.D. Spring							
actual SIGNATURE	15, 195 ustosos	Spuid ESQ	٤							
alive an 4.  ACTUAL SIGNATURE PHYSICIAN'S PUGU PHYSICIAN'	15, 19 5 mtolose STO, JO	Sprible	MD Spin	ADDRESS (Street, of	st. Ho	DATE SIGN 4/15/6				
actual SIGNATURE PHYSICIAN'S PUGU  220. BIJRIAL, CREMATION, 22b. D  QEMOVAL (Specify)	15, 19 5 mtolose STO, JO	Spuid ESQ	MD Spin	ADDRESS (Street, of		DATE SIGN 4/15/6				
alive an 4.  ACTUAL SIGNATURE PHYSICIAN'S PUGU PHYSICIAN'	STO JOSATE/THEREOF	Spuid ESQ	MD Spin	ADDRESS (Street, of Street, of St	st. Ho	DATE SIGN 4/15/5 Md. (Stote)				
	/ 1 1000 21	, and that dea	th accurred at 12, Zu	III)VI, II din ine	causes and an	the date stated above				



THE RESERVE OF THE PROPERTY OF

VS A15 (4) 15M 10/57 I

0

MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-BALTIMORE,	18
•	-				

CERTIFICATE OF DEATH

1299

04276

		- Andrew Control										
1. PLACE OF DEATH o. COUNTY B	altimore		MARYL	AND	2. USUAL RES o. STATE		here decease yland	d lived. If insti b. COUN		lence befor		ion)
b. CITY OR TOWN (III RURAL and give ne Catonsvil	outside corporate limi arest town) Le		c. LENGTH OF STAY IF				outside corpo	rote limits, wri	e RURAL on	d give ne	arest town	)
d. NAME OF HOSPIT OR INSTITUTION SPRING GR	AL (If not in hospital, g OVE STATE		ddress) PITAL		d. STREET R	ADDRESS F.	D. #1		8			IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Ja	cob	Middle Louis	78	Katz		4. DATE OF DEATH		Month Oril	3	,	reor 19 58
5. sex	6. COLOR OR RACE	7. MARRIE	DIVORCED		B. DATE OF BIRT	? 185	84	9. AGE (In ye		ER 1 YEAR	Hours Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work iarmer	ON (Give kind of work in ing life, even if retired	dane 10b. K	IND OF BUSINESS OR	INDUS	_	Sia	or foreign c	ountry)		ussi		COUNTRY?
13. FATHER'S NAME Unknown					14. MOTHER!		NAME					
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	ervice]	ocial security no. Unknown		ecords:	SPRI	NG GF		Address PATE	HOSP	ITAL	
Canditions, if or gove rise to in cause (a), stating lying cause last.	the under-	)	Arteriosco Generalized  MIRIBUTING TO DEAL	l ar	rteriosc	leros	is, se	vere			PERFO	
TO (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURREC	). (Enter nature o	of injury in	Port I or Par	t II of item 18.				
ZOc. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea	While of work	_ Not white		CE OF INJURY lory, street, office	e bldg., etc	:.)			(County)		(Stote)
21. I certify the alive anAr actual signaturePHYSICIAN'S NAME (Type)	Stella Wac	, 19 5 Wa hsler	8,, and that a	leath	occurred at M.D. SPF Cat	RING (	am, from ADDRESS (S) ROVE	STATE  8. Mary	s and an wn, state) HOSP] Land	the do	4-	ed above. ATE SIGNED 3-58
Jack Lew	is the	210	The same of the sa	w	Ph		APR 7	'58	000	Pu.		

BUREAU V. S.

8361 4 8dV

BECEINED

4300 CERTIFICATE OF DEATH Reg. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND altemore eath. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 2 YES NO. puo NAME OF First 4. DATE Middle Losl Month Day Year DECEASED OF DEATH (Type or print) 19. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED FUNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Hours Days Min. DIVORCED WIDOWED popers. campl 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? oth. during most of working life, eyen if retired) puo pou ŏ ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S nown 9 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address (If yes, give war or dates of service) tending 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: to 420. DUE TO that p E. ony Canditians, if any, which baub gave rise to immediate **DUE TO** per 2 cause (a), stating the underpuo lying couse last burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 ar Part II of item 18.) certificate SO 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. m. While Nat while p. m at work at work 195 That I last saw the deceased 21. I certify that I attended the deceased from alive on Ma and that death occurred at 6.50 F.M. from the causes and on the date stated above. ach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior DIREG ڡ P shoul HOSPITAL PHYSICIAN'S NAME (Type) FUNER 3 22b. DATE THEREO 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S. 8361 78 8dV.

7

the registrar priar ta burial, crematian, ar remaval, and in any event

may be retained the te hospital ar attending physician.

TO FUNERAL DIRECTA: After this certificate has been signage 3 should be detached far use as the burial-transit

VS A15 (4) 1SM 10/57

TO HOSPITAL OR

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4206

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY	altimore		MAR	YLAND	2. USUAL RESI	Md.	ere deceased	d lived. If instituti b. COUNTY				ion)
	(If autside corparate liminearest tawn)	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If a	utside corpo	rote limits, write f				)
	PITAL (If not in hospital, a				d. STREET /	ADDRESS	Y	venue				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Commo		Middle Kir		los		4. DATE OF DEATH	Mor		Day		Yeor
S. SEX	6. COLOR OR RACE				. DATE OF BIRT	Н	DEATH	9. AGE (In years last birthdoy)	12,1			R 24 HRS. Min.
Male	White	WIDOWE			Aug. 24	,1889		68 yrs.				
during most of wo	ION (Give kind of work prking life, even if retired <b>Printer</b>	}	Balto.Ne		ost M	aryla	and	ountry)	12. CII	U.S		COUNTRY
	Kirby				14. MOTHER'S			lane				
IS. WAS DECEASED EV	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT	ry L.	Clec	Ker	ress			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	12-01-60	40 M	rs. Mai	bel A	.Kir	by 5635	Ore	gan	837	enue
Conditions, if gove rise to couse (a), stating lying couse tost	immediate DUE TO		In leus	SATH BUT A	Cent		CL	18	(Fall III 0 A D		) Was	AUTORCY
CAT		01110143_0	ONTRIBUTING TO DE	EXTIT BOT T	NOT KELATED TO	J THE TERMIN	NAL DISEASI	E CONDITION GIV	PAK	(1 1(0) 19	PERFO	RMED?
	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (	OCCURRED.	. (Enter nature a	of injury in P	ort I or Part	Il of item 18.}				
20c. TIME OF INJU Hour o. m. p. m.	10	20d. IN White of work	Nat while of work		CE OF INJURY ( ory, street, office			or town)	(4	County)		(Stote)
21. I certify to alive an actual signature  PHYSICIAN'S NAME (Type)	that I attended the	decease , 19 I	~ //	t death	accurred at			1 the causes of reet, city or town,			e state	
220. BURIAL, CREMATION OF THE PROVAL Specify		)F	22c. NAME OF CEA		crematory k Ceme			ion (City, town,		land	(State	e}
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS				BY REGIST		STRAR'S SIG			
Howard H	.Hubbard	4107	Wilkens	Ave	nue	DATE BE	D 1 C 1C	0 000	1	-1		

10	SECHIYLAE -	HU ESPESO TRIBA	LAND STATE DUPARTI	6-	
		STARO PO ETA:	SUS CERTER		
enninis	34 a 1 2	PA SHEET STATE OF THE SECOND	401	nvosidie	
	(			000	Enlotic
	ente u	12025	-M.C.+V.	nomeno S	38
12,113	inga mil			george 9	
	68			of MAY	Male
	n	20200 302012	Balto,Newn	in unit	hositod
	·(o_f)	ii you		Mirby	Tempel
35 Cregin Avenue	de gera.	. Kodel	010-01-00-0		Oll
2 .V UARRES				ed Teorem 1 and	and the same
8381 91 APA					
AL M					
BECEIVE	e semilife	gretens) as	· ( ) }	82-81-8	K
			10% Wilcons /1	braddon,	0.11.0

24b: REGISTRAR'S SIGNATURE

24a. REGISTRAR

DATE

directar filed eral pe P by pup \_ eath. carbon õ ofter 9 physici hours þ burial-transit ached Pe prior DIR 3 should FUNER! page 10 VS A15 (4) 15M 9/55

3. NAME OF

5. SEX

DECEASED

HOSPITAL

0

MEDICAL

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS



BUREAU V. S.

8361 8 HAY

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

MARYLAND STAT	TE DEPARTMENT OF HEALTH—BALTIA	MORE, 18
4302	CERTIFICATE OF DEATH	Reg. Dist. No. 1428(

Baltimore

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

(County)

U.S.A.

HTARUNO BYANNING AND BUREAU B. 8361 08 A9A

B A STOKIT JABA TITALIK TO TITAMIRATED TRATEXIMALYBAM

VS A15 (4) 15M 9/55

deoth: Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4393 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY BA	LTIMORE		MARY	LAND	2. USUAL RES o. STATE	MARYI	Managara and	lived. If institut b. COUNTY		ce befare	odmissic	on)
b. CITY OR TOWN (III RURAL and give no FORT HOWA	outside corporate limit arest tawn) RD	, write	c. LENGTH OF STAY	IN 1b		TOWN (IF a		ote limits, write I	RURAL and	give near	est town)	V
d. NAME OF HOSPIT OR INSTITUTION VETERANS	AL (If not in hospital, gi		HOSPITAL		d. STREET		HEIGHTS	AVENUE		•	ON A I	DENCE FARM? NO XX
3. NAME OF DECEASED (Type or print)	° Firs		Middle G		te KLE	est	4. DATE OF DEATH	APRIL	nth	Day		ear
5. SEX MALE	6. COLOR OR RACE		EDXX NEVER MARRI		8. DATE OF BIR	гн		P. AGE (In years last birthday)	IF UNDER Months			
10a. USUAL OCCUPATIO		one 10b. I		R INDUS		IMORE	or foreign cou			IZEN OF		COUNTRY?
	KLEIN					DALEN						
15. WAS DECEASED EVER	R IN U. S. ARMED FORCE If you give wor or dates of ser  WW-1	vice)	SOCIAL SECURITY NO 18-24-2648	1 101	LIN REC	VET A	DM HOS	P FT H	oward	MD		
	ny, which (b).	ACUT	E PULMONAR	Y EI	DEMA AND			EASE		ONSE 30	VAL BETY T AND D D MTI NKNOW	N.
PART II. OTH	er significant cond tic kidney,			ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR		WAS AI PERFOR	MED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE	). (Enter nature	af injury in P	Part I ar Part I	Il of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. IN While at work	JURY OCCURRED Nat while at work		CE OF INJURY tary, street, affic			or town)	(0	aunty)		(State)
ACTUAL SIGNATURE	at VAttended the			death	accurred at	1:401	P.M, from ADDRESS (Sire	the causes on the course of the causes of th	and an th	action date	stated	d abave. TE SIGNED
			MD.			Fort		Maryla			4-2-	-58
220. BURIAL, CREMATION REMOVAL (Specify) Burial	22b. DATE THEREON	8	CHERTER C					PRTOWN	or county) MARYTA	מזא	(State)	
23. FUNERAL DIRECTOR'S WILLIS WEI	1111111	المام	Chester	town	Md	240. REC'E	BY REGISTRA	AR 24b. REGI	STRAR'S SIC			
			J. ICHINCI					1				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 19

HEASINEO STADISTESSO ESTA

4

The same of the sa

9

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4304 CERTIFICATE OF DEATH

U340A

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Balto MARYLAND Balton b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Randallstown Life Randallstown d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 8715 Liberty Road 8715 Liberty Road YES NO NAME OF DECEASED First Middle Lost 4. DATE Month Year 1958 Adam April (Type or print) Klohr DEATH 9. AGE (In years last birthdoy) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Male White **业的专业的**有口 yrs. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Randallstown U.S.A. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Harmon Klohr Barbara Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Randallatown Mr. James A. Klohr 8715 Liberty Road No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ogd (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 420. DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m. Not while of work of work 14, 1958, that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at 10 17 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Olive Cemetery Randallstown, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE. APR 1 6 Liberty Road. Randallstown

VS A15 (4)

FUNER Oge 3 sl

OR

det

Shauld

MATIA CERTIFICATE OF DEATH

and this to the state of the st

BUREAU V. S.

8381 41 Bdv

N C S O M LE

\* \* \* \*

THE STATE OF THE S

Duck without Elight to the state with

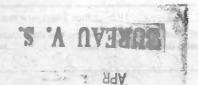
VS A15 (4) 15M 9/55 N

MARYLAND	STATE DEPARTMENT OF HEALTH—	BALTIMORE, 1	8

4305 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIG	Md		ed. If instituti b. COUNTY		ltimo	
b. CITY OR TOWN (II RURAL and give ne Catons V	outside corporate limit arest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR 1 5/ Rela		tside corporate	limils, write R	URAL and	give nearest	lown)
d. NAME OF HOSPIT OR INSTITUTION House in	the Pines			1606 I		ng Ros	ıd		0	RESIDENCE ON A FARM? S NO 2
3. NAME OF DECEASED (Type or print)	fin Char	les		Kunkel	t	4. DATE OF DEATH	Mor		21,	Year 19 58 •
5. SEX Male	White	WIDOWE		Dec.6,	1873		GE (In years ost birthday) 84 yrs.	Months		UNDER 24 HRS. Burs Min.
during most of work	N (Give kind of work ding life, even if retired).  Merchan	one 10b. I	ive Stock	_	ACE (State of	r foreign countr	γ)		U.S.A	HAT COUNTRY?
13. FATHER'S NAME Charles	H. Kunkel	L		14. MOTHER'S Har		S. Red	secke	r		
	IN U. S. ARMED FORC If yes, give war or dates of se		OCIAL SECURITY NO. 17.	INFORMANT s. Eva G	.Kunk	el 160	Add 6 Rol		Road	(27)
Conditions, if all gove rise to it couse (o), stating lying couse lost.	he under-		Lands	Coron	any	S.C.	elu.	0ē	ONSET	L BETWEEN AND DEATH
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY			ONTRIBUTING TO DEATH BURNEY OCCURREN					VEN IN PAR	PE	REFORMED?
20c. TIME OF INJUR Hour a. jr. p. m.	Month, Day, Yea	White	Nol while	PLACE OF INJURY II octory, street, office	Home, farm, bldg., etc.)	20f. (City or t	own)	(0	County)	(Stote)
21. I certify that I attended the deceased from 5, 1955, to 4, 1956, that I last saw the deceased alive an alive an and that death occurred at 2, 1956, that I last saw the deceased alive an ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)										
220. BURIAL, CRÉMATIO REMOYAL (Specify) Burial	4-25-19		22c. NAME OF CEMETERY Loudon Pa		1	22d. LOCATION	(City, town,		ма	(Stote)
23. FUNERAL DIRECTOR		9	ADDRESS W NO.	thave	240. REC'D	BYREGISTRAS		STRAR'S SIG	GNATURE	

STADE OF DEATH





acomp.

Weak ron

riginal and the Monte

04284

Rea. Dist. No.

4306

**CERTIFICATE OF DEATH** 

PLACE OF DEATH	BALTIMOR	E COU	UNTY MARYLA		a. STATE	ENCE (Wh		d lived. If institut b. COUNTY		e before d	admission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	OWN (If o		rate limits, write l			41/1
Balti			6 weeks		XB	W. K.K.	OFF D	eer Par	k, Ga	arre	tt Co.
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	D	d. STREET AL		J				S RESIDENCE
	936 Impe	rial.	Court	R	. D. #	2 93	o amp	erialxCo	urt		ES NO
3. NAME OF DECEASED (Type or print)	Fir EL	/IN	Middle	1	ANDIS		4. DATE OF DEATH	Apri]		Day	Year 1958
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8. 0	ATE OF BIRTH			9. AGE (In years			UNDER 24 HRS.
MALE	WHITE	WIDOW	DIVORCED		April 2	2, 18	85	lost birthdoy)	Months	Doys H	lours Min.
Railroad E	A POST SERVICE	or na	KIND OF BUSINESS OR Railroad B	000	Mary.	Land MAIDEN N				ZEN OF V	VHAT COUNTR
JOH						LALL MAIN	M DITTI				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFO		EBER			<sub>Imperi</sub>	Balt al Co	Sart <sup>27</sup>
Conditions, if a gove rise to it cause (a), stating lying couse lost.	mmediote (										
ICATIC			CONTRIBUTING TO DEAT						VEN IN PART	' F	WAS AUTOPSY PERFORMED? ES NO 🗷
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of	injury in f	ort I or Por	t II of item 18.)			
20c. TIME OF INJUR Haur o. n. p. m.	Y Month, Day, Yes	20d. II While at war	Not while	0e. PLACE foctory	OF INJURY (H , street, office	ome, farm bldg., etc.	, 20f. (City	or town)	(0	aunty)	(Stole)
ACTUAL SIGNATURE	at I attended the	deceos 18	and that c		19 <u>58</u> courred at A	715 F	_M, fran	the causes treet, city or town, thiNGTO.	and on th		
NAME (Type)  22e-BURIAL, CREMATIC BEEMOVAL (Specify)	ON. 226. PATE THEREO 4/17/19	7 (2) 58	22c. NAME OF CEMET			H-I	22d. LOCA	TION (City, tawn,	or county) COUNTY	MAI	(State) RYLAND
23. FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS OAKT AND			24A REC'	BY REGIST	TRAR 245 REG	ISTRAR'S SIG	NATURE	

moyer measured by the hospital or oftending physician.

The property of the hospital or oftending physician.

The property of TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

deoth. Page 4

8361 71 A9A

Service of Labour Street

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4195 CERTIFICATE OF DEATH

04285.

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before admission)					
	O. COUNTY BALTIMORE	MARYLAND	O. STATE MARYLAND b. COUNTY BALTIMORE						
	b. CITY OR TOWN (If outside corporate limits, write	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	DUNDALK.	6 mo.	53 DUNDALK						
	d. NAME OF HOSPITAL (If not in hospital, give street of	e. IS RESIDENCE							
	OR INSTITUTION 6930 SOLLER	ES FOINT ROAD	1 6930 SOLLERS POINT RO	ON A FARM? YES NO					
3.	NAME OF First DECEASED	Middle	Last 4. DATE Manth	Day Year					
-	(Type or print) HERB	ERT CLINT	TON LANE DEATH APRIL	1 YEAR IF UNDER 24 HRS.					
3.		4		Days Hours Min.					
10	MALE WHITE WIDOWE		11 PETE 18 1888 10 YES.						
10	usual Occupation (Give kind of work done 10b. during most of working life, even if retired)	TO BUSINESS OK INDUS	11. BIRTHPLACE (State or foreign country)	ZEN OF WHAT COUNTRY?					
_	SOCOMOTIVE FIREMAN	KAIL ROAD	PENNSYLVANIA L	1.3.A.					
13.	FATHER'S NAME	L.	14. MOTHER'S MAIDEN NAME						
	FRANK WANE	Sei	SARA HELLER						
	is, no. or ynknown)   [If yes, give war or dates of service]		NFORMANT Address						
	1/6	05-12-1838 )	AKA LANE - SAME						
	18. CAUSE OF DEATH [Enter only one couse per lin	far (a), (b), and (c).]	6 1	INTERVAL BETWEEN					
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arman	y Oldleston	4clays					
	420.1 DUE TO								
	Conditions, if any, which ) (b)								
	gave rise to immediate couse (a), stating the under-								
	lying couse lost. (c)								
ON N	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?					
3				YES NO					
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL		-	ACE OF INJURY (Home, farm, 20f. (City or tawn) (City, street, affice bldg., etc.)	aunty) (State)					
MEC	Hour a. jn. While at work	IAOI MIIIG							
	21. I certify that I attended the decease	ed from	2, 1955, to 8-24, 195 Othat II	ast saw the deceased					
	alive on 4-24 195	X, and that death	1, PM						
	() () ()	21	ADDRESS (Street, city or Jown, state)	PATE SIGNED					
	ACTUAL SIGNATURE	lleus	un 2 Kirchin Kaltz	2 4-76-53					
			mo.						
L	NAME (TYPO) ACK COLLI	INS , M.D.	DUNDALK, 22, md						
22	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county)	(State)					
1	SURIAL 4/28/58	DAK LAW!	NCEMETERY BALTIMORA	E Co. MD,					
23.	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE					
1	Well Broke Stevel	ey Newley	DATE APR 2 8 '51 CELL	Duel					

2701 SO AGA



Poge

deoth certificate

offending

þ

DIREG

TO FUNERAL

ero



8261 91 A9A

BUREAU V. E.

CERTIFICATE OF DEATH

FOR'S	TATE		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4287  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No. 7
HEALTH	DEPT.		Them 7. Film G-228 4/23/58.cac.  PLACE OF DEATH S. COUNTY  MARYLAND  Reg, Dist. No.  2. USUAL RESIDENCE (Where deceased lived. If institution: Reinvence vertex admission) b. COUNTY  b. COUNTY  MARYLAND
or, ple or. Po our files f of Heal	M		C. CITY OR TOWN (If outside coloride limits, write RURAL and give nearest town)  and give nearest lown)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN If autside for porale limits, write RURAL and give nearest town)
is necessively designed for the Baggger.	00		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  dy STREET ADDRESS  3607E, Johnson  No IS RESIDENCE ON A FARM? YES INO I
the function of the state of th			NAME OF DECEASED Type or print)  Letey Eliner Large DEATH Apr 2 1958
id 3 to 15 may b 2 with 1		5. 5	Male 6. COLOR OF RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTY   9. AGE (if year) IF UNDER 14 RS. Months Days Hours Min.
Page 1 and 1 and 1 and 1 and 1	I)	-	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Luring most of working life, even if retired)  Balto Jos & Elle G  Md.
Pages n PM3. pages			FATHER'S WAME ?
in 24 h Give ith farr it. File			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 215-07-6536
Item, 18 alang v alang v it perm ond in			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
office office al-trans			420. DUE TO Conditions, if any, which (b) Coronary actory disease 2+yr
hauld b niner's a buri			gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Circle Cosclerosis  Reserved  Cost Cosclerosis  Cost Cosclerosis
ficate sl bending al Exar used as	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
word 'if Mediculd be unial, c		L CERTIFI	20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
NER: Ting the Chie he Chie		MEDICAL	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)  Haur a. m. p. m. 19 at work at work at work
EXAMI ed to 1 DR: Pag ent. pr			21. I certify that I taok charge of the remains described obove, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Acciden, Suicide, Hamicide, Undetermined manner
form form form aned og			ACTUAL SIGNATURE ACTUAL RAMINER DATE SIGNED
UTY MI te the culd be in IERAL I	2		EXAMINER'S FRANK T. KASIK, TR. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
O DEP execut 4 sho or its		220	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 4-5-58 Fash. Methodist. Ballo 6a. (Store)
VS. A15ME 5M 2/57	A.	73	EUNERAL DIRECTOR'S AIGNATURE  ADDRESS  LICENSTRAN 246. REGISTRAN 246. REGISTRAN 246. REGISTRAN 246. REGISTRAN 246. REGISTRAN 3615-17-19 Chesture 400 PATE APR 7 158

MARYLAND STATE DEPARTMENT OF HEALTH-EARTHGORES.

MEDICAL EXAMINERS CERTIFICATE OF DEALM.

BUREAU V. A.

8361 & 8dV

DECENDED

PERFORMED? YES NO

INTERVAL BETWEEN

04288

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

Hours

Davs

U.S.A.

OR CONTRIBUTING CAUSE OF DEATH

20d. INJURY OCCURRED While Nat while of work at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

1958, that I last saw the deceased 21. I certify that I attended the deceased from at 4:304 M, from the causes and on the date stated above. and that death accurred

Zion Lutheran Cemetery

ACTUAL PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

MEDI

220. BURIAL, CREMATION, 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Stemmer's Run. Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Hour a. m

1958

Ullrich Funeral Home, Baltimore, Md.

240. REC'D BY REGISTRAR

200 REGISTRAR'S SIGNATURE

o FUNERAL DI O HOSPITAL 10 VS A15 (4) 15M 9/55

il director, filed with Page

=

filled

pup carbon

physician

attending

à mit.

been signed

has

certificate

ached

Pe DIRE P

the registrar

pe

that the

death.

after

50





836. 4.1 3d∀

. . . .

BUREAU V. S.

. ^

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City.

24a. REC'D BY REGISTRAR

m, or county)

24b REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Day

20

Hours

U.S.

INTERVAL BETWEEN QNSET AND DEATH

WAS AUTOPSY

NO T

(Stote)

ATE SIGNED

PERFORMED? YES |

ON A FARM?

YES NO

Year

58 19

TO FUNERAL DIR the registrar VS A15 (4) 15M 9/55

NAME (Type) 220. BURIAL CREMATION.

BEMOVAL-(Specify

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Page

death.

afte

solveni shart allere 15005 I H 122 14 858 1958 APA Burial New Sone, 5305- Harful R. Sugar Rosel R. Sugar R. Sone, 5305- Harful R. new Pathedral

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04290.

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

-					Mag. 0131, 110.				
1.	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	nere deceased lived. If institution b. COUNTY	on: Residence before admission)				
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporote limits, write R	URAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Veterans Administratio	BEEN DESCRIPTION OF	/ d. STREET ADDRESS 2740 Moorg		e. IS RESIDENCE ON A FARM? YES NO				
3	NAME OF PICEASED (Type or print) GEORGE	Middle W	Lost	4. DATE Mon	th Doy Yeor				
5	CIECCECIES		LEACH  B. DATE OF BIRTH	9. AGE (In years	3 19 58				
	Male White widow	ED DIVORCED	January 2, 1	892 66 yrs.	Months Days Hours Min.				
	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Machine Operator  Solution	teel Corporati	on Baltimore	or foreign country)  Maryland	U. S. A.				
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
	William J. Leach	illiam J. Leach Elizabeth E. England							
- (	Yes, no, or unknown) (If yes, give wor or dates of service)		nformant in Rec. Vet A	dm. Hospital, Ft					
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LL 20,0	INTERVAL BETWEEN ONSET AND DEATH 18 HOURS							
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	RTERIOSCLEROTI	C HEART DISEA	SE	UNKNOWN				
NOITAN	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO X				
CEPTIE	200. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in i	Port I or Part II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While of wor	for the state of t	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)				
	21. I certify that attended the decease at the second seco	COCCOEnd that death	occurred at6:50	ril 3,6:50 19.58  A.M., fram the causes a  ADDRESS (Street, city or town,  HOWARD, MARYL	and on the date stated abave state) DATE SIGNE				
	PHYSICIAN'S NAME (Type) TRVING FREEMAN, N				ard, Maryland				
2	20. BURIAL, CREMATION, REMOVAL (Specify) 4-7-58	Baltimore Nat		or county) (Stote) [ary] and					
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246 REGIS	STRAR'S SIGNATURE				
1	. C - 1 T - C+ D - 3 0 D-	Ct - D-71	DATE A	PR 7 '58   (1)	Lesuch				

death. Page 4 uneral director, the attending physician and campletely filled in by the Then please remave carbon papers. Pages 1 and 2 sho ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after the registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death After this certificate has been signed by ached for use as the burial-transit permit. TO FUNERAL DIREG page 3 should be TO HOSPITAL OR VS A15 (4) 15M 10/57

ST 330MILIA - HILASH TO THEMPEARING MARKANIA A 12 1 OF STREET OF SEATH

popularia La Lieux Lieux

BUREAU V. S.

8561 4 20.

DECENAED

•

VS A15 (4) 15M 10/57

ď
-
1
-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1-tem #2, Film G228 - 1/23/58 - mb

4312 CERTIFICATE OF DEATH

04291

1	o. COUNTY Bal					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville  7 months					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Baltimore & Maryland								
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL						d. STREET ADDRESS 7414 Brookwood Ave. e. IS.						DENCE FARM?	
	3. NAME OF First Middle  Compared to the compa					Lear	ost	4. DATE OF DEATH	Mo April	onth	Day	Y.	eor 58	
	female	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list birthdox)										Hours	24 HRS. Min.	
1	Oa. USUAL OCCUPATION during most of work domest	ing life, even if retired		kind of Business of		TRY 11. BIRTH	PLACE (Stole		ountry)	1	TIZEN OI		COUNTRY	
1	3. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME						
1	John Lea	rv				E	Elizabe	eth Cu	ırran					
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	IFORMANT				dress				
	no no or unknown)	es, no, or unknown) (If yes, give wor or dates of service)												
	Conditions, if on gove rise to in cause (o), stating t lying cause last.	he under-		Cardia c Arterio.	sele TH BUT	Parlie	o the termin	NAL DISEASI	E CONDITION GI	VEN IN PAR		. WAS A	UTOPSY	
	5											PERFOR		
	(IF EITHER, NOTIFY	CAUSE OF DEATH		CRIBE HOW INJURY OF	CURRED	. (Enter noture	of injury in F	Part I or Part	II of item 18.)					
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	White of wor	_ Not while _		CE OF INJURY lory, street, offi	ce bldg., etc.		or town)	(1	County)		(Stote)	
77	actual SIGNATURE	duce (mee Gens	Peur Reeve	Reens	death	CA	545	ADDRESS (SI OVE S	the causes	ostote) OSP <b>IT</b> A	he date	e stated	d above. TE SIGNED 58	
2	3. FUNERAL DIRECTORY	Seth In	c.17	35 Harline	16	WE.	24a. REC'I	B 2 1 15	RAR 24b. REG	ISTRAR'S SIG	GNATURE		area.	

BUREAU V. R.

DECEIVED RA

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04292

CERTIFICATE OF DEATH

Dist. No.

				45	3		Reg. Dist. No.						
		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE[						
		Baltin			MARY	AND	o. STATEMaryland	d 8. COONT	3 V	01-4			
1		b. CITY OR TOWN (I RURAL and give no	f outside corporate limiterest town)	ts, write	c. LENGTH OF STAY	N 16		utside corporote limits, write	-				
		Fort F	loward		29 Days			dman Avenue, l	3altimo				
		OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
		Veterans	Administra	tion	Hospital		2825 Er	dman Ave.		YES NO 2			
		NAME OF DECEASED (Type or print)	ROBERT		Middle A.		Lost	4. DATE Mo OF Apr:		8 Yeor 19 58			
	5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		DATE OF BIRTH	9. AGE (In years last birthday) 63 yrs	Months D	YEAR IF UNDER 24 HRS			
		Male	White	WIDOW	_		pril 24, 189		·	dys Hours Min.			
		. USUAL OCCUPATION during most of world	ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS O	RINDUSTR	Y 11. BIRTHPLACE (State			EN OF WHAT COUNTR			
	-	Mechanic			Automobile			, Maryland	U.	S. A.			
1)	13.	FATHER'S NAME					Annie Mille						
		George Lin											
	15. (Ye		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT		dress				
	Y	es	WW I	1	216-05-5578	Cli	in.Rec.,Vet	Adm. Hospital,	Ft. How	rard, Md.			
			TH [Enter only one co	use per lir	ne for (o), (b), and (c).]					INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CIRRHOSIS OF LIVER WITH ASCITES												
		581.0	DUE TO	MALN	UTRITION					UNKNOWN			
		Conditions, if o							E ( ) E ( )	02122101121			
		gove rise to it couse (o), stoting											
		lying couse lost.	) (c)	)									
	o N						OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?			
2	S	Chronic pneumonitis, left upper lobe											
	L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (	Enter nature of injury in P	ort I or Port II of item 18.)					
	MEDICAL	20c. TIME OF INJUR Hour o. m.		20d. It While	Not while	20e. PLACI factor	E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City or town)	(Cou	unty) (Stote			
	¥	p. m.	V Δ	of worl									
		21. I certify th	at Xattended the	decease	ed from March	10	, 19 58, to Ap	ril 8 , 195	5 , Mar 4 14	at sow the deces.			
	X	Ya) We (on XXXX)	XXXXXXXXXXX	XXIXX	and that	death a		PM, from the causes		date stated above			
			4/ 1	1-	1			ADDRESS (Street, city or town		DATE SIGN			
-		ACTUAL SIGNATURE	Xee V	7	teen	J.M	VAH, FORT	HOWARD, MARYL	AND	4/9/58			
-		PHYSICIAN'S	T TELL METLIN	ART	M D								
		NAME (Type)	CHIEN WEI I		M.D.								
	220	BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEME			22d. LOCATION (City, town,		(State)			
		Burial Specify)	4-11-	26		'e Na	tional Cem.	Baltimore, M	arylanc	1			
	23.	FUNERAL DIRECTOR	S SIGNATURE H		ADDRESS Baltimor	M.	9 9		ISTRAR'S SIGN	ATURE			
	1	Cook Pl	and the	000	Harford Rd.			PR 1 0 '58   CLL	Hedre	eh			
	- 11	III. DOOK-DT.	TEHOSTHO C	009	THE THUIS	3 ******	Α						

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion. VS A15 (4) 15M 10/57

APR II 1958

VS A15 (4) 15M 9/SS

deoth. Poge 4

		TU.	LA CEKI	IFICA	IE OF DE	7117	1		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Ba	.ltimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE		ere decessed and	lived. If instituti b. COUNTY		nce befo	re admis	sion)
b. CITY OR TOWN RURAL and give	(If outside corporate lin nearest town)	nits, write	6 yrs.1		c. CITY OR TOW	N (If or	utside corpo	rote limits, write F	URAL ond	give ned	prest tow	n)
d. NAME OF HOSP OR INSTITUTION	TOWSON ITAL (If not in hospitol,	give street	oddress)	aay	d. STREET ADDRE				2 Y C	) / - 4	ON	SIDENCE A FARM?
	Enoch Pra	tt Hos	pital		1306 Arg	onn		ve			YES [	] NO []
3. NAME OF DECEASED (Type or print)	Annet	First	Shore		Llewel		4. DATE OF DEATH	Apr		00	,	Yeor 1958
5. SEX			IED NEVER MARR		DATE OF BIRTH	AII		9. AGE (In years		R I YEAR		DER 24 HRS.
F	White	WIDOWE			October 8	18	78	lost birthdoy) 79 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	k done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE	(Stote	or foreign co		12. CI	TIZEN C	F WHA	T COUNTRY?
	usewife						n, Ky	•		U.S.		
13. FATHER'S NAME					14. MOTHER'S MAI	DEN N	AME					
	tt Shorey				Hanna	Orr						
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FO		SOCIAL SECURITY NO	D. 17. IN	FORMANT			Add	ress			
				Н	ospital Re	cor	ds					
	EATH [Enter only one	- 1	ne for (o), (b), and (c)	1. [.	,							DEATH
PART I. DE	IMMEDIATE CAUSE	(0)	exited	Ne	mont	12	42				20	BURZ
331X	DUE 1	0		4	4 4		10			1	6	
Conditions, if	ony, which )	(b) Ge	nes-aliq	rd	Arterio	10	leso	ses		6	42	· + .
gove rise to codise (o), stoting		0	0									
lying couse lost		(c)										
PART II. O	THER SIGNIFICANT CO		ONTRIBUTING TO DI	EATH BUT N	IOT RELATED TO THE	TERMI	NAL DISEAS	E CONDITION GI	/EN IN PA	RT 1(o)	9. WAS	AUTOPSY
Flala	ites: (1)	work	c Brann	Cur.	decourse-	du	hi A	Levis	cler	ries	YES T	ORMED?
20g. ACCIDENT W	VAS UNDERLYING	20b. DES	RIBE HOW INJURY	OCCURRED.	(Enter noture of inju	ry in P	ort I or Port	I II of item 1B.)	0011			, you
PART II. O  COLONIA  200. ACCIDENT IN  OR CONTRIBUTION  (IF EITHER, NOTIF	G CAUSE OF DEATH	H										
			NJURY OCCURRED	20e. PLAC	CE OF INJURY (Home	e, form,	20f. (City	or town)		(County)		(Stote)
20c. TIME OF INJU	. 10	While	Not while	focto	ory, street, office bld	g., etc.	)					
			4/1	. 1) -2	9 450	,	27-1	1 a il 5	Ď			
74	that I attended th	e deceas						2× 195				
alive on_	my by	, 125	and tha	t death	accurred at Z					the da	te stat	ed abave
ACTUAL	mis	2 1			61.1	1	ADDRESS (S	treet, city or town	stote)		N P	ATE SIGNED
SIGNATURE	PHOL	gin	2	M	.D. Staff	404	101/3	ian s	roays	2	7/2	14/52
PHYSICIAN'S NAME (Type)	W.W.E	lqi	n			or	V301	v-4	M	d	,	
220. BURIAL, CREMATI	ION, 22b, DATE THER	EOF A	22C NAME OF CEN	METERY OR	CREMATORY		22d. LOCA	TION (City, town	or county)	7	(Sta	ite)
Murane	Upr 26	158	Nous	2/11	age		Vil	reville	R.	me	2	
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	11	1 D, 240		BY REGIST	1 1	STRAR'S SI	IGNATU	RE	
7701/ 16ans	Burn VD	ma	n 4915	VALUE	LA DA	TE A	PR 25	'58 UL	Theo	WW.		

			S QNVIASVW
	HTARCRO ST	ADMITTED A	v
			The second second
	pro-1 Yell	75 A45	
	and the manufacture of the		
		Mes cus	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	, of glod navou		
	270 dest		A seed a little
			CONMITTEE IN
TKEN		100000	
L WASAUR	alas - Augusta 1		water the print is
3351 TO A9A			12 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
गिन र गर्म वर्षि	He was not		The state of the s
2 3 mm. 4.			

Reg. Dist. No.

death. Page 4

uneral director,

÷	9	he	-
ō	-	-	À
モ	D.	=	>
8	P	Ε	0
	č	e	2
0 0	.5	_	0
- 0	C	nsi	0
¥ .5	e e	5	
- 2	- 22	=	DA.
4	2	ž.	Ĕ
		P	a
Z	0	e	5
3 5	1	=	
Sic	5	ő	Ö
7 5	3. 5	Se	to
a -	, <u>'E</u>	-	e
0	-	2	Ü
Z	J.	9	ō
2 5		5	52.
W 4	8K	0	۵
5		5	to
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO FUNERAL DIRE. R. After this certificate has been signed by the	9	the registrar prior ta burial, crematian, or removal, and in any even
0 5	=	70	5
وَ ب		ž	7
7 3	₹	2	tro
A .	E S	3	gis
0 5	Z		0
I	E	9	9
0	0	0	Ξ
	-		
VS 15/	A15	(4	)
13/	W 3/	23	

1	1, 1	PLACE OF DEATH O. COUNTY Bulto. Co MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTYB
)	6	C. LENGTH OF STAY IN 16 RURAL and give neorest town  OR HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  PLANGE OF HOSPITAL (If not in hospitol, give street oddress)	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest lown)  (Alanaelle 52  d STREET ADDRESS  27  NO A FARM?  YES NO 15
		NAME OF DECEASED (Type or print) Bertha E. Lock	Loss 4. DATE Month Day Year OF DEATH April 16 1958
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 75. Months Days Hours Min.
I	1	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	md U.S. a.
	13.	FATHER'S NAME Yenry W. Butschky	14. MOTHER'S MAIDEN NAME BULGAN
ij	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT. Address
	N	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	olse 3 years  Valiant & Sypertusion 10 years  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	CATION		PERFORMED? YES NO
	MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	D. (Enter noture of injury in Part I or Port II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State clary, street, office bldg., etc.) !
	MEC	21. I certify that I attended the deceased from 9	occurred at 5.50 M, from the causes and on the date stated above ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE/SIGN  ADDRESS (Street, city or town, stote)  DATE/SIGN  AUGUS  HIST
		PHYSICIAN'S ELIOT W. JOHNSON	M.D.
	1	REMOVAL (Specify) 4/19/58 22c. NAME OF CEMETERY O	CREMATORY 22d. LOSATION (City, town, or county) (Stote)
6	23°	EUNERAL DIRECTOR'S SIGNATURE MUCH HON 28	DATE APR 2 2 '58 245 REGISTRAR'S SIGNATURE

THE PARTY AND ADDRESS OF	TE OF DEATH	ADRITRO CERTIFICA	
		i august i	
	ME TO THE		
			Banner C.
BUREAU W 1958			on valles of 1997
BECEIAEL			

executed

shauld

**EXAMINER: This** 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-341481 DANIEL W.LLIAm MALLEY OF ST DROWNING Feel From Row BONT IN BARIC 18WOK. · Bun Runi Back . VI Buth - N. L. Wasni. े क्षेत्रकृषि दिवेश M.B. DAVIS MD

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4207

CERTIFICATE OF DEATH

04296

	9=111111			Re	eg, Dist. No.	
D. PLACE OF DEATH O. COUNTY RALE TO THE TOTAL OF THE PARTY OF THE PART	MARYLAND	O STATE	NCE (Where decease	b. COUNTY	Residence before a	dmission)
PALIMONE		//	10.		2714101	40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO		orate limits, write RURA	L and give nearest	town)
LANSDOWN	4/YRS	XLA	NSDOW	2V		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 316/5H/LO	4 COURT	3/6/	SHILO	H Cour		RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print)	Middle DSEPH M	ANKEVII	4. DATE OF DEATH	Month APRIL	30,	Yeor 1905
SEX 6. COLOR OR RACE 7. MARRI WIDOWE	DIVORCED D	B. DATE OF BIRTH	1886		UNDER 1 YEAR IF L	UNDER 24 HRS.
Do. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INC	1	E (State or foreign	country)	12. CITIZEN OF W	HAT COUNTR
FATHER'S NAME	MINON	14. MOTHER'S A	AIDEN NAME			5.1
UNKNOW	N		UNKN	own/		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. See wor or dates of services [11]	5-61-4473	INFORMANT 1735 WIL	CH COU	JOHNSON	M/ 27,	MD,
18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	A 0	0		INTERV	AL BETWEEN
PART I. DEATH WAS CAUSED BY:	relasis	of the	Lin	en	ONSEL	AND DEATH
5 8 1.0 DUE TO		D				
Conditions if you which )						
gove rise to immediate						
cause (o), stoting the under-						
/ (0)	CONTRIBUTING TO DEATH B	IIT NOT PELATED TO 1	HETERMINIAI DISEA	SE CONDITION GIVEN	IN PART I(a) 19 V	VAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C					P	ERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Part I or Po	rt II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. p. m. 19 of work	_ Not while _	PLACE OF INJURY (He foctory, street, office in		y or town)	(County)	(Stote)
21. I certify that I attended the decease	ed from april	27.1958	to amind	30, 1950,1	hat I last saw	the decease
olive on april 29, 19		ith occurred at_	248/04 50	m the couses and		
01110	o / and mur dec	iii. Occorred dt_		Street, city or town, stat		DATE SIGN
ACTUAL SIGNATURE MONIS W.	Steinber	9m.D. 410.	n. Hel	ton St	Ball	to me
PHYSICIAN'S NAME (Type)					5/	11/50
20. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  MAY 3/58	CLEN HA	OR COMMATORY	GLE	NBURNIE	ounty) /NZ	(State)
FUNERAL DIRECTOR'S SIGNATURE	ECTORS		AMAY 5 '5	_ /	AR'S SIGNATURE	

ar ar	okumiaa iiwaalii oo ma	MESSAGE TRACE STRATE	AM THE DESCRIPTION
	HTANG HO STE	ORIDHO Z (SA)	
673.45	100		
Market Tenantin		The second bulleting	
10 Jan 190	A Property of	The second	
	22 18 18 16 1 31		
(1000)	1.77.24.28	- 112	
	196783-3-3	(VetV)	
4943444			
	o and hard the Africa July Serverson an prediging of A		
		and the same	

ath: Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 10/57

eral director, d be filed with

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

04297

	4	317	CERT	IFIC	ATE OF DEAT	TH		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Balt	imore		MAR	RYLAND	2. USUAL RESIDENCE (** o. STATE Maryla		ed lived. If institution b. COUNTY	on: Residence l	pefore adm	nission)
b. CITY OR TOWN (	If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I		orote limits, write R	URAL and give	nearest to	own) V
Fort Ho	ward. Md.		302 day	S	Baltin	nore	3 V	01-4		
d. NAME OF HOSPI	TAL (If not in haspital,	give street a			d. STREET ADDRESS			7		RESIDENCE
OR INSTITUTION Veterar	ns Administ	ratio	n Hospita	1	1533 Li	ght St	reet			A FARM?
3. NAME OF		rst	Middl		Last	4. DATE	Man	th	Day	Yeor
(Type or print)		COLO	NONE		MARCELLIN	. OF	Apri	_	13	19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARE	RIED 🎝	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		1
Male	White	WIDOWE	D DIVORC	ED 🔲	August 2, 1	893	64 yrs.	Months Da	ys Hour	rs Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b. (	CIND OF BUSINESS	OR INDL	JSTRY 11. BIRTHPLACE (Sto	ite or foreign	country)	12. CITIZEI	N OF WH	AT COUNTRY?
Shoe Repa	airer	Sh	oe Repair	Sho				U.S	S.A.	59, 15, 1
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Salvador	re Marcelli	no			Carmella	Russo				
15. WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY N	0. 17.	INFORMANT		Addi	ress		
Yes	WW I			C	lin.Rec.Vet	Adm. He	ospital,	Ft. How	ard,	Md.
18. CAUSE OF DEA	ATH [Enter only one c	ouse per line	e far (a), (b), and (c						INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	BRO	NCHOGENIC	CAR	CINOMA RIGHT	LUNG 1	WITH META	STASTS		YEAR
162.1	DUE TO	mo	LEFT LUNG					22020	<u></u>	TIME
Conditions, if a			TASTINAT.	ANTO	CERVICAL LYM	שו אוחם	ES AND CE	DITTOAT		
gave rise to i	mmediate (		TEBRAE	ALUD	OLICE TOAL HILL	III NOD	ED WAD OF	TINTONI		
lying cause last.	the under-	c)	TEDUCE							
PART II. OT			ONTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART 1(	PER	S AUTOPSY FORMED?
U (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	ED. (Enter nature of injury i	n Port I or Pa	rt II of item 18.)		19.3	
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	20d. IN While at wark	JURY OCCURRED  Not while of work	20e. Pl	ACE OF INJURY (Home, for actory, street, office bldg., o	rm, 20f. (Cit	y or town)	(Cour	nty)	(State)
21. I certify th	atVAptended the	decense	d from Jun	e 15	, 1957_, toA	nril 11	3 1058	MENERALINEN	NEW OVER 1	Versitania de la constanta de
				-	accurred at 1:30					
Thursday.	manner of the state of the stat	-	ANA CONG THO	ii deaii	dccorred of Table		m the couses of treet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	the W	2-4	an		M.D					
PHYSICIAN'S NAME (Type)	HIEN WEI L	AN, M	. D.		VAH	, Fort	Howard, 1	Md.		
22a. BURIAL, CREMATIO REMOVAL (Specify)		OF C	22c. NAME OF CEA	METERY C	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(St	late)
Burial	1/13/3	8	Baltimo	re N	ational	Ba	altimore.	Md.		
23. FUNERAL DIRECTOR	3 31011110112	- 111	ADDRESS		4 1 A 24a. RE	C'D BY REGIS		TRAR'S SIGNA	TURE	4 34
wom cook	+BLIGHT	INC	6009	Haz	lord DATE	MEN Z I	30 000	hedu	LA	
WIN COOK -EI	ight funer	al Hor	ne.	- //						

ST., INDICATE HIS STATE WHATE AND THE STREET SHEAT SALE and present and plantage of the second con-APR 22 1958

TO HOSPITAL OR

04298

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe		on: Residence before admission) Baltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Dundalk	c. LENGTH OF STAY IN 16		utside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 3012 Salisbu		d. STREET ADDRESS 3012 St	alisbury Ave	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) Charles	Middle A. M	artin Sr.	4. DATE Mon OF DEATH	th Doy Year 4 22 19 58
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		Feb. 4, 188	9. AGE (In years last birthday) 74 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Foreman  13. FATHER'S NAME	and the second second	TRY 11. BIRTHPLACE (Stole of Pennsyl: 14. MOTHER'S MAIDEN NA	vania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
John Martin			Sarah E.	
(Yes, no, or unknown)   (If yes, give war or dates of service)	6-10-2791Mr	FORMANT  Edwin G. 1	Martin 3012	Salisbury Ave.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO	Bris-Scles	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	). (Enter nature of injury in Pa	art I or Part II of item 18.)	
Oc. TIME OF INJURY Month, Day, Year 20d. INJ Hour a. ft. While at work [	Not while fac	CE OF INJURY (Home, form, tary, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the deceased alive on 125 125 125 125 125 125 125 125 125 125	and that death			that I last saw the deceased and on the date stated above.  DATE SIGNED  4, 2
Buttagral 1 4-26-1958	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, o Eastern Bl	
John J. Duda 7922 Wise	ADDRESS Ave. 22. M	d	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

SELECTION OF THE SELECT Total dies to Leading and Land If will be give some of the control of the property of the country of the control 8291 68 A9A 

\*

•

N.E.V.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4318

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

04299

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	II a. STATE	Maryla	_	lived. If institution b. COUNTY		imore	admission)	
b. CITY OR TOWN RURAL and give Timoniu	(If autside corporate limineorest tawn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR		utside corpora	ate limits, write R	URAL and	give neares	st town)	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g			d. STREET		ingtor	Avenue			IS RESIDER	RM?
3. NAME OF DECEASED (Type or print)	Fir		Middle	lo		4. DATE OF DEATH	Man		Day	Year	
5. SEX	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	B. DATE OF BIRT			AGE (In years	I 17,	1 YEAR IF	UNDER 2	4 HRS.
Female	White	WIDOWE	the transfer of the transfer o	July 6,			73 yrs.				
Housewif	rking lite, even it refired		KIND OF BUSINESS OR IND	20	yland	or foreign cou	intry)	US.	IZEN OF V	WHAT CO	UNTRY?
13. FATHER'S NAME				14. MOTHER'S	S MAIDEN NA	AME					
Adolphu	s M LONG				Anni	e Cath	cart				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ess			
No	None	ervicej		Family r	ecords						
PART I. DE  4443 X  Conditions, if gove rise to couse (a), stating lying cause last	the under-	)	ontributing to DEATH BU		Vas			EN IN PART	ONSET	AL BETWE AND DE	OPSY
□ OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Po	ort I ar Part I	I of item 18.)			ES NO	-
20c. TIME OF INJU Hour o. m. p. m.		20d. IN While at work	_ Not white fe	LACE OF INJURY ( octory, street, office	(Home, form, e bldg., etc.)	20f. (City o	or town)	(C	County)	(	State)
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the april 16  M.K. [	deceose 7, 19.5	S, ond that deat	287, 1958 h occurred at M.D. 192	6.50 p	M, from	the causes a set, city or town,	nd on th	ast saw ne dote	stated a	ceased above.
220. BURIAL, CREMATION REMOVAL (Specify Burial	April 19.	1958	22c. NAME OF CEMETERY C		12		on (City, town, a			(State)	Be taken opin oppn oppn de mingrament in a print in a print in Comment opin opin opin opin opin Opin opin opin opin opin opin opin opin o
John Burns	'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTRA			NATURE		

TO HOSPITAL OR

BUREAU V. S. Vb8 ST 1328 BECENAR . PR. , Mr. - J.M., I

eath. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04300

4319

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Balt	imore		MARYL	1000	o. STATE Ma	arylar	ere deceased	d lived. If inst b. COUP		nce before	admission)
b. CITY OR TOWN RURAL and give r	(If outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR T	OWN (If ou	utside corpo	rate limits, wri	te RURAL and	give neare	st town)
	ard, Md.		6 days		Ba	ltimo	re		035	55.	1
	ITAL (If not in hospital, a	ive street	address)		d. STREET A	DDRESS				e.	IS RESIDENCE ON A FARM?
	Administra	tion	Hospital		173	18 Yol	koma 🛚	Road			YES NO
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE		Month	Doy	Year
(Type or print)	JOHN		E.		McCOY		DEATH	Ax	ril	15	19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED MEVER MARRIEL	8.	DATE OF BIRTH	1		9. AGE (In ye	ors IF UNDER	-	UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCED	□ Oc	tober 1	5, 19	22	00	yrs. Months	Days I	Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work or rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State o	or foreign c	ountry)	12. CI	TIZEN OF	WHAT COUNTRY
Mechanic			Garage		Bal	timor	e. Md			U.S.A	
13. FATHER'S NAME					14. MOTHER'S						
George Mo	Coy				Lill	ian F	rev				
15. WAS DECEASEDEY	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INS	ORMANT				Address		
Yes	(If yes, give wor or dates of s		217-24-0558	Cli	n.Recor	ds. V	et. A	dm. Hos	mital.	Ft.	Howard,
18. CAUSE OF DE	ATH [Enter only one co					,			DE VOLE	INTER	AL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	, UF	REMIA AND UR	EMTC	PERTCA	BDTTT	S		*		Davs
592 x	DUE TO									10	Days
Conditions, if	ony, which )		OMERULONEPH	RITI	S, CHRO	NIC.				13	Years
gove rise to	immediate (	,									
lying cause last.	the under-										
PART II. OT			CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN PAR		WAS AUTOPSY PERFORMED? (ES NO
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of	f injury in Po	art I or Par	t II of item 1B.			
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yeo	While		20e. PLAC facto	E OF INJURY () ry, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	(	County)	(State)
21. I certify t	hal Aattended the	deceas	sed from April	. 9	. 1958	to An	ril l	5 195	8 stores	incresses.	orbe/decarsor
			DOODSON and that								
ACTUAL SIGNATURE	Trees h	£ -	faul	М.				reet, city or to			DATE SIGNED
PHYSICIAN'S NAME (Type)	CHIEN WEI I	AN,	M. D.		V	AH, F	ort H	oward,	Md.		4/15/58
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	F	22c. NAME OF CEMET	TERY OR	CREMATORY	-	22d. LOCAT	ION (City, tov	vn, or county)		(State)
Burial	4-18-	58	Baltimor	e Na	tional		Bal	timore.	Md.		
23. FUNERAL DIRECTOR	// //	2	ADDRESS	16	20	24o. REC'D	BY REGIST		EGISTRAR'S SI	GNATURE	

page 3 should be deteched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sha 8d be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after hospital ar attending physician. TO FUNERAL DIRECT TO HOSPITAL OR

VS A15 (4) 15M 10/57

HTATO TO HTATE THE

BUREAU V. S.

8381 88 **84** 



eral director,

ath: Page 4

01201

A	222	CERTIFICATE	OF	DEATH
1	320	CERTIFICATE	OI.	DEAII

	U	4	J	U	1
Disa Ma					

	434						Reg. Dist	l. No.	
1. PLACE OF DEATH o. COUNTY Baltimore		MARY		o. STATE Mar	Where decease yland	ed lived. If institut b. COUNTY		e before admis	ision)
b. CITY OR TOWN (If outside corporate line RURAL and give nearest town) Caton Sville	nits, write	5yr9mthsl		Baltimo			RURAL ond gi		m)
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION SPRING ROVE STATE		oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
DECEASED	irst lay	Middle Marv	Me	Lost Donough	4. DATE OF DEATH	Мо	April	Doy	Yeor 19 58
5. SEX 6. COLOR OR RACE white		RIED NEVER MARRIE	D 🔯 8. C	ATE OF BIRTH	0	9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UND	DER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work during most of working life, even if retire housekeeper	done 10b.				ote or foreign		12. CITIZ	U.S.	
13. FATHER'S NAME			1	4. MOTHER'S MAIDE				0.0.	44.0
Alexander McDonou	igh			Ann	McDonou	igh			
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes. no. or unknown) (If yes, give wor or dates of	service)	SOCIAL SECURITY NO.	Reco	rmant ords: SPR	ING GF	Add ROVE STA	ress TE HO	SPITAL	
gove tise to immediate couse (a), stating the under-	(c)	Arteriosc						PERF	AUTOPSY ORMED?
	20b. DES	CRIBE HOW INJURY OF	CURRED. (E	nter noture of injury	in Port I or Po	rt II of item 18.)			
ZOC. TIME OF INJURY Month, Day, Y Hour o. m. p. m. 19	ear 20d. If While of wor	Nat while	20e. PLACE factory	OF INJURY (Home, f . street, office bldg.,	orm, 20f. (Cit etc.)	y or town)	(Co	ounty)	(Stote)
220. BURIAL, CREMATION, 226. DATE THERE	195 Wac achsl	0	death oc		GROVE	m the causes of	and on the stote) HOSPI	e date stat	ed abave ATE SIGNEI -1-58
REMOVAL (Specify)	1958			al Cem.		altimore		ryland	le)
William Cook, In	c. :	1217 St. Pa	ul St			- 1200	-educe		

may be retained by the hospital or attending physician.

TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

TALES OF THE CONTRACTOR OF THE CARLES OF THE

Sale and the sale of the sale



8361 6 NdV



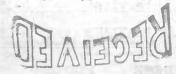
CERTIFICATE OF DEATH 1221

		) fat a		Keg. D	ist. No.
1. PLACE OF DEATH o. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARYLA	here deceased lived. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, writerings town)			outside corporate limits, write RURAL and	give nearest town)
FORT HOWAL	· ·	7 DAYS	BALTIMORE	5 3 V o	
OR INSTITUTION	FAL (If not in hospital, give st		d. STREET ADDRESS	IOOD ATTENTED	e. IS RESIDENCE ON A FARM? YES NO X
	ADMINISTRATIO				
3. NAME OF DECEASED (Type or print)	JAMES	Middle P	McGREGOR	4. DATE Month OF DEATH APRIL	18 1958
5. SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIE	B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
MALE	14889884	OWED DIVORCED		900 Se yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION during most of work LABORER	ON (Give kind of work done king life, even if retired)	Ob. KIND OF BUSINESS OR INDU			TIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
WILLIAM	H. McGREGOR		MARY CATH	ERINE McCORT	
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service) WW=1		NFORMANT LIN REC VET	Address ADM HOSP FT HOWARI	D MARYLAND
331 X  Conditions, if o gove rise to it couse (o), stoting lying couse lost.	mmediate the under- (c)	UNKNOWN CAUSE	PRACEREBRAL	INAL DISEASE CONDITION GIVEN IN PA	UNKNOWN UNKNOWN
ZOg. ACCIDENT WA	AS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRE	\$"		PERFORMED? YES NOTE:
	CAUSE OF DEATH				
20c. TIME OF INJUR Hour o. m. p. m.	w	d. INJURY OCCURRED hile Not while work of work	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
			occurred at 10: 15	PRIL 18, 1958 RANGO  p.M. from the couses and an a  ADDRESS (Street, city or town, state)  T HOWARD Maryland	
PHYSICIAN'S NAME (Type)	GEORGE WASH		M.D. VAH FOR	T HOWARD MARYLAND	4-19-58
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	14-22-50 4-22-50	BALTIMORE NAT		22d. LOCATION (City, town, or county)  BALTIMORE MAI	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REGISTRAR'S SI	A spirit and A Vivi
Wm Cook Pla	obt The Coc	of Hamfand Dd Ba	DATE AP	B 2 1 '58   Pel . A.	- 1

feral director, d be filed with eath. Page 4 e hospital or ottending physicion. After this certificate has been signed by the ottending physician and campletely filled in by the packed for use as the burial-tronsit permit. Then please remove carban papers. Pages I and 2 shown ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by TO HOSPITAL OR VS A15 (4) 15M 10/57

the registror prior to burial, cremotian, or remavol, and in any event within 72 haurs

poge 3 should be cell



8361 88 **89A** 



I

	4374	CERTITIES	TE OF DEATH	Re	g. Dist. No.
1	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	nd deceased lived. If institution: R	esidence before odmission)
/	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  TOWSON 4	c. LENGTH OF STAY IN 16  2 weeks	c. CITY OR TOWN (If outs  X Baltimore	ide corporate limits, write RURAI	and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION CONVAICES	nt Home	d. street address 98 Dunki	rk Rd.	e. IS RESIDENCE ON A FARM? YES NOX
	3. NAME OF First CT PROPERTY OF STATE O	Middle rtrude McMa	lost 4	DATE Month OF DEATH 4-9-58	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWEE		9-5-84		INDER 1 YEAR IF UNDER 24 HRS. Inths Doys Hours Min.
)	10a. USUAL OCCUPATION (Give kind af wark dane 10b. K during most of warking life, even if retired)	nd of business or indus	Ontario,		2. CITIZEN OF WHAT COUNTRY?  Canada
	13. FATHER'S NAME  N John McIntyre		14. MOTHER'S MAIDEN NAM		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes, no, or unknown) (If yes, give war or dates of service)		Jane Bow NFORMANT rs.Margaret	Address	Above
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	empenative.	Cardio Vas	xulay Disea	INTERVAL BETWEEN ONSET AND DEATH
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UE Loth	NOT RELATED TO THE TERMINA  LEMENT DE LE CONTROL DE LE CON	delle third	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Haur o.m. While		ACE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
1	21. I certify that I attended the decease alive an ACTUAL SIGNATURE ALL DE NO.		7111		at I last saw the deceased an the date stated above. DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 4-11-58	22c. NAME OF CEMETERY OF		2d. LOCATION (City, town, or co	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS k Rd., Towson	24g, REC'D I	Towson 4, Mo By REGISTRAR 24b. REGISTRA 1 4 '58	R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the hospital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the control director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shalld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

weeke L. Falkimore 18. .bs watched it is senow sweet grand nonnel Parence lentruge to this entry to - sherez ;plesach EUMOR BEAT Toller development and broad



79 30ed 30.45

Company of

TA YOU'V

bas ford ad. Towson 4. nd.

oth. Page 4

PLACE OF DEATH

Paltimono

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4323 CERTIFICATE OF DEATH

04304 Reg. Dist. No USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
 a. STATE
 COUNTY b. COUNTY

Production of the second	Dar or mor e	MARTEAND	Marvl	and		Baltimo	re
	f autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporat	e limits, write RURA		
RURAL and give no	Raltimore	50 vrs.	X Balti	momo			
d. NAME OF HOSPIT	TAL (If not in haspital, give street		/ d. STREET ADDRESS	more		10	e. IS RESIDENCE
OR INSTITUTION	1.20/ V	1 A	1.200	7/	Anna		ON A FARM? YES NOTE
3. NAME OF	1306 Kenwood			Kenwood			<u> </u>
DECEASED		Middle	Last	OF	Manth	Day	
(Type ar print)	Erns	2.2	Micklich	DEATH	Apri		.8, 1958
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9.	last birthday) Mi	anths Days	Hours Min.
Male	MILLOG	WED DIVORCED	7 042 0 00 / Am V	70	88 yrs.	507.	Will.
10a. USUAL OCCUPATIO	ON (Give kind af wark dane 10 king life, even if retired)	b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote	ar foreign caun	itry)	12. CITIZEN OF	F WHAT COUNTRY
Cabinet	Maker	Carpentry	Germa	nv		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		7,724	
Frede	erick A. H. Mi	cklich	Elizabeth	E M R	oschke		
	R IN U. S. ARMED FORCES? 1		INFORMANT	TO TATE TO	Address		
(Yes, no. or unknown)	(If yes, give wor or dates of service)	216-12-6561A M	ne Albert De	ml- 1.50	7 360000 600	n-7+	. / 2/1
			13. WINGLO DA	nk 450	l Mary Av		
	ATH [Enter anly one cause per	Non-	A	0 .	(1)		RVAL BETWEEN ET AND DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Unteriosch	erolec la	rdior	eascula	De W	rany viv
4221	DUE TO	Disease					4 3
Canditions, if a	ny which )						
gave rise ta i	mmediate						
cause (a), stating	the under-						
lying cause last.	) (c)						
PART II. OTH	PER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED?
3						All the Party	YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) 20b. D. CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part 1 ar Part 11	af item 18.)		
		INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, fare	m ! 206 (City or	town)	(County)	454-4-3
20c. TIME OF INJUR Haur a. m. p. m.	Whi		actary, street, affice bldg., etc	c.)	idwiij	(County)	(State)
21. I certify th	at ( attended the dece	sed from Jui	1 € 1948, to (	Lord	18 105811	nat ( last sa	w the deceased
alive on 17	121 17 10	and a	h accurred at 9:30		ale annual and	an the det	with deceased
dive on Trans	LE-1-1-1, 17	, and mai dear	u accorreg at 1125		the causes and et, city or town, state		e stated above DATE SIGNED
ACTUAL	ned D.	8 12/	67	ADDRESS (SILE	2 10 10 16	01	DATE SIGNED
SIGNATURE	11041	Congust	_M.D	13 +	201411	A d	4-21-
PHYSICIAN'S NAME (Type)	Max R. F.	English	MD.	13a1	TIMUL	e 6	Md.
22a. BURIAL, CREMATIO		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, tawn, ar co	aunty)	(Slate)
REMOVAL (Specify)	April 22,195	8 Parkwoo	h	Della			
23. FUNERAL DIRECTOR		ADDRESS	كالتفاقي والمتناقصة	D BY REGISTRA	R 24b. REGISTRA	R'S SIGNATUR	E
1 1 7	0, 11	sur all	. 01	0 0 :=0	0.	~ /	

TO FUNERAL DIRECTORS 2 Should be d the registrar priar TO HOSPITAL OR VS A15 (4) 1SM 10/S7

eder da 99A

HE ASSESSED TO BE ADMINISTRATED TO SERVE.

	market .
	4
_	
with	
P	esti l

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4324

**CERTIFICATE OF DEATH** 

04305

Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY Baltimore MARYLAND	a. STATE Maruland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS  1704 Goodview Road  e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO Dry} \)
3. NAME OF First Middle	
DECEASED (Type or print) Mr. Harry	Mills Day Year OF DEATH April 8th 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   male white widowed   DIVORCED	B. DATE OF BIRTH  Oct., 13, 1891  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Mills	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Mrs. Viola Mills, 1704 Goodview Road
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcing	of luna
DUE TO	
Conditions, if any, which ) (b)	
gave rise to immediate	
lying save last	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Nat while of work of work	ACE OF INJURY (Hame, form, 20f. (City or fown) (County) (State) clary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram Filt-	1957, to Cycil 8, 1955, that I last saw the deceased
dire on the state of the state	
SIGNATURE A R. C. GOLL	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. \$160 HABFORD ND \$18/5
PHYSICIAN'S H.A. GROTT, H.D	· Balto 14/17d.
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/12/58 Moreland N	R CREMATORY 22d. LOCATION (City, town, or county) (State)  Dem Park Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Ro	ad#14 DATE APR 9 '58 all Lesuch

DECENTED

8381 6 A9A

## 4325

CERTIFICATE OF DEATH

am Disk Na

		0 ~ 0							Keg. DIS	it. No.	
1. PLACE OF DEATH  o. COUNTY	ALTIMORE		MARYLA	- 11	O STATE	ARYLA		b. COUN		ce before admis	sion)
b. CITY OR TOWN	(If outside corporate limit	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR T	OWN (If or	utside corpo	rote limits, write	RURAL ond g	give nearest tow	n) v
FORT HOWA		2.5	2 DAYS		B.	ALTIM	ORE	3	3 VO1.	-4	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street o	oddress)		d. STREET A	DDRESS				e. IS RES	SIDENCE A FARM?
	ADMINISTRAT	ION I	HOSPITAL		10	20 EAS	ST MON	NUMENT S	STREET		NO X
3. NAME OF DECEASED (Type or print)	Fir EDW	ARD	Middle (NMI)		Lost		4. DATE OF DEATH	APRI	Nonth L	-0	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In year		TYEAR IF UND	
MALE	NEGRO	WIDOWE	1227.		MARCH 9	. 1889	9	69 ye	Months	Days Hours	Min.
00. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR						12. CIT	IZEN OF WHAT	T COUNTR'
LABELLER	king life, even if retired)		X FACTORY			GINIA			II	S.A.	
3. FATHER'S NAME		, , ,	MI TITOTOTT		14. MOTHER'S		AME		0.	Dene	
OSCAR M	Tours				JUL	TA (MI	ATDEN	MAMP IN	TIGIOUNI )		
5. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT	LA ( I'L	TINESA	21-1-1	NKNOWN)		
YES	(If yes, give war or dates of so		18-03-8988	CLI	REC 1	VET AI	M HOS	SP FORT	HOWAR	D MARYI	AND
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	-	e for (o), (b), and (c).] CONGESTIVE I	HEAR!	r FAILU	RE				UNKNOW	DEATH
Conditions, if a gove rise to couse (o), stoling lying couse lost.	the under-		HYPERTENS IO	V						UNKNO	WN
Z	HER SIGNIFICANT CON								SIVEN IN PART	PERFC	AUTOPSY ORMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	RIBE HOW INJURY OCC	UKKED. (	thier noture of	injury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yeo	20d. IN While of work	_ Not while	0e. PLACI foctor	E OF INJURY (H ry, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(0	County)	(State)
	naVA attended the			16		, to Ap		L8, 195	KNOWNERS 85	ontroducted	Oderomo
ACTUAL SIGNATURE	Queld K	Su	Morle		ccurred at <u>{</u>		M, fran	the causes	and on th	ne date state	ed abav
PHYSICIAN'S NAME (Type)	DONALD D M	ARK		M.	D. VAH	FORT	HOWA	RD MARY	TAND	4-20	-58
20. BURIAL, CREMATIC REMOVAL (Specify		F	22c. NAME OF CEMETI					ION (City, town		(Stot	te)
BURTAL.	HPEITTY	08	BALTIMORE	NATI				IMORE	MARYLA	41.0	
Charles B.	13. X'ew		ADDRESS		W. T. T.		BY REGIST		GISTRAR'S SIG		
			USCHEL DAIT	JUICT	C FIG				11 700		

lid be filed with

th: Page 4

After this certificate has been signed by the attending physician and campletely filled in by the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ached for use as the burial-transit permit. Then please remove carban papers. the registrar priar ta burial, cremation, or remaval, and in any event within 72 haurs after haspital ar attending physician. page 3 should be de TO FUNERAL DIREC may be retained VS A15 (4) 15M 10/57

NITE OF THE PARTY OF THE PARTY

moreous and a

and the second

ALLANET IN

an rith hac

AU TAS

Maria Charles America (

Alexandra Alexandra

DECEIVED

BUREAU V. E.

50

oth. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1200

AAAAM

		4	320	CERT	IFIC	ATE	OF DEA	TH			Reg. D	ist. No	114	3018
	PLACE OF DEATH o. COUNTY Balti	more		MAR	YLAND	2. U	SUAL RESIDENCE ( STATE Maryland	(Where	deceased live	L COLINITY	n: Reside			ian)
	b. CITY OR TOWN (If RURAL ond give nee	outside carporate limi	its, write	c. LENGTH OF STAY	/ IN 16	C	CITY OR TOWN (	If outsic	de corporote	limits, write RI	URAL ond	give nec	arest town	1)
		Howard		18 Day	S		Annapolis	3			021	10.	2	
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	give street	oddress)			STREET ADDRESS						e. IS RES	FARM?
		ans Admini	strat	ion Hospi	t al		1121 Tyle	er A	venue					NO X
3.	NAME OF	Fi	rst	Middle	e		Lost	4.	DATE	Mon	th	Do	ıy	Yeor
	DECEASED (Type or print)	JOH	IN	C.		MO	ATE	N 19	OF DEATH	April		8		19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🗌	8. DA	TE OF BIRTH		244	GE (In years			IF UND	ER 24 HRS.
	Male	White	WIDOWI	DIVORCE	ED 🔲	May	7 24, 190	F	148	birthdoy) yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDL	JSTRY	11. BIRTHPLACE (St	ale or fe	areign countr	y)	12. CI	TIZEN C	F WHAT	COUNTRY
	Welder	ng iire, even it renred	, c	onstruction	on C	0.	Clearfie	ld,	Penns	ylvani	a U.	S.	A.	
13.	FATHER'S NAME					14.	MOTHER'S MAIDE	N NAM	E					
	James W.	Moate				S	tella Fie	fie	ld					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17.	INFOR!				Adde	ess			
111	Yes	yes, give wor or dates of s		78-05-1786	5 C	lin	Rec Vet.	Adm	Hospi	tal .Ft.	Howa	ard.	Marv	land
F		TH [Enter only one co										LINT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	PILE	ULENT PER	TCAR	DTT.	TS						NK NOT	
	1132 X	DUE TO		Official Line	LUALL							- 0.	1111101	4.74
	Conditions, if on	u which \	MUF	AL THROMB	I OF	HE	ART WITH	INF.	ARCTS	OF SPL	EEN	U	NKNO	WN
	gove rise to im	mediate ( Your		KIDNEY					- 100					
	lying couse lost.	he under-	1	111111111111111111111111111111111111111								83		
CERTIFICATION	Operation	er significant con n- Embolec	tomy	ontributing to be termina	ath Bu	rta	RELATED TO THE TEL	RMINAL	DISEASE CO	NDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	ED. (Ent	er noture of injury	in Port	1 or Port II o	f item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	or 20d. It While at worl	Not while of work			F INJURY (Home, fo treet, office bldg.,		20f. (City or to	own)		(County)		(Stote)
	21. I certify the	tx attended the	deceos	ed from Marc	h 21		, 19.58 to_	Apr	il_8_	19.58	. thatXD	XIXXX	XXXXXX	XIX de X sed
		XXXXXXXXX												
	201200	1 77	C	and ar						city or town,				ATE SIGNED
	ACTUAL SIGNATURE	ule WE'	4	34		_M.D.	VAH, For	t H	loward,	Maryl	and		4/8	/58
25				(.D.					*					
720	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	4-11-	58	Hill Cre				1 .		(City, town, o		nd	(Stot	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS			24a. RE	EC'D 8Y	REGISTRAR	24b. REGIS	_~		RE	
1	ohn Tarrion	Funana T	T	A			DATE	A	PR 1 0 15	58 ()	001			

DATE

the registror priar to poge 3 should be d may be retained b TO HOSPITAL OR VS A15 (4) 15M 10/57

John Taylor Funeral Home, Annapolis

hospital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours aft

buriol, cremotian, or remavol, and in any event within 72 hours after death.

ached for use as the buriol-transit permit.





DECENATIO

and the second of the second o

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	4327	CERTIFIC	ATE OF DEATH		IMOKE, I	Reg. Di	at No.	04	1308
1. PLACE OF DEATH o. COUNTY Rel	timore County	MARYLAND	2. USUAL RESIDENCE (WI		lived. If institution b. COUNTY			e admiss	ian)
b. CITY OR TOWN (I	f autside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		te limits, write Rl	JRAL and	give nea	rest tawr	1)
RURAL and give ne	eoresi town)	1 Yr., 9 Mos.	Baltin	ore Ci	ty	10 1	31/1	>1-	11.
	AL (If not in haspital, give street		d. STREET ADDRESS			5 50		e. IS RES	IDENCE
	d and Enoch Pra	att Hospital	100 W. Ur	iversi	ty Parkw	ay			FARM?
3. NAME OF DECEASED (Type or print)	First Henry	Middle Ludwell	Lost Moore	4. DATE OF DEATH	Moni Apri		28		Year 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	IF UNDER		IF UND	ER 24 HRS.
Male	White widow	ED A DIVORCED	November 21.	1869	lost birthday)	Manths	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole	or foreign cou		12. CI1	IZEN O	F WHAT	COUNTRY
rolessor of	nages & Sociolo	va	Maryland			T	J. S	. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
William H	anson Moore		Alice Bur	ch					
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		N. TT	
No			Hospital Reco	rds					
	TH [Enter only one cause per li	ne far (a), (b), and (c).]						RVAL BE	
PART 1. DEA	TH WAS CAUSED BY:	Atun or	anthe a	new	your	-	7	ELAND	1.16
Conditions, if or gave rise to it cause (o), sloling lying cause tost.	mmediate DUE TO	Iterio Sel	Pesosis		0		2	20	nt
	TER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	orural a	inal disease		EN IN PAR	T 1(a) 1	PERFO YES	AUTOPSY PRMED?
	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	WRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Part 1 or Part 1	of item 18.)				
ZOC. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 20d. I While of wo	Nat while fo	LACE OF INJURY (Home, farm actory, street, office bldg., etc	20f, (City o	r tawn)	(4	Caunty)		(State)
21. I certify the alive an	at I attended the decease	sed from July 2 58, and that death		AM, fram	28, 1956 the causes a	nd an t			
ACTUAL SIGNATURE	M. Elgin		M.O. Shelps	NC SITE	Pratt	401/	4.	4/2	-8 /51
PHYSICIAN'S NAME (Type)	W.W. Ele	in	7	owse	m-4	1	Ma	<u>.</u>	
220. BURIAL, CREMATION REMOVAL (Specify)		GREENMOUL		BALT	ON (City, tawn, o	r county)		(Stot	N. Carlotte
23. FUNERAL DIRECTOR	15 0	ADDRESS 405 YORK RO. F	24a. REC'	D BY REGISTRA	AR 24b. REGIS	TRAR'S SIG	GNATUR	E	

I director, Elled with deoth. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after After this certificate has been signed by the ottending physicion and completely filled in ache of the certificate has been signed by the ottending physicion and completely filled in ache for use as the buriol-transit permit. Then please remove carbon papers. Pages I and ourial, crematian, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECT poge 3 should be d TO HOSPITAL OR

VS A1S (4) 15M 9/SS

tald promises Morgantia Collins and and Market and Lagrange 8381 08 APA

-

A STATE OF THE PARTY OF THE PAR

physician тауе

with director

papers.

carbon

offer

campl

oug

o. COUNTY

NAME OF

DECEASED

Male

5. SEX

ACTUAL

PHYSICIAN'S NAME (Type)

21. I certify that/I attended the deceased from

22d. LOCATION (City, town, or county)

(State)

REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 226. DATE THEREOF

New Cathedral Cemetery ADDRESS

1.958

22c NAME OF CEMETERY OR CREMATORY

Baltimore Maryland 24g. REC'D BY REGISTRAR APR 1 8 '58

DATE

24b. REGISTRAR'S SIGNATURE

15M 9/55

0

FUNER



STATE SERVED BEEN BUTCHERED

Jean trat a man

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4329 Reg. Dist. No. 14310 CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNT MARYLAND CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? N, YES M NO 2. NAME OF Middle Lost DATE filled DECEASED OF (Type or print) DEATH 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS completely Months Days WIDOWED K DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during mest of working life, even if retired) puo carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ABelmont Ave. Mrs Grace M. 14-38-7212 Zimmerman attending Woodlawn, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4.00. **DUE TO** C. Y. DISEASE þ any Conditions, if any, which been signed gave rise to immediate **DUE TO** pe cause (o), stoting the underlying couse lost. physician. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from 52, that I last saw the deceased and that death occurred at 5:19 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL prior pe 3 shauld PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Randallstown, Balto. Co. Md Olive Cemetery Mt.

ADDRESS 510 Liberty

Heights Ave.

24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL MOY be retain TO FUNERAL (4) Poge 3 shoul

23. FUNERAL DIRECTOR'S SIGNATURE

Page

certificate

that the death

. by A smom Last The said the said of the BUREAU V. S. 8361 19 89A

pon to FUNER Oge 3 st VS A15 (4) 15M 10/57

1. PLACE OF DEATH

o. COUNTY

b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D 3. NAME OF DATE Month Year DECEASED OF (Type or print) DEATH 19 3 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost/birthdoy) Months Days Hours WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of, warking life, even if retired) Lumer 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO W 20g. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Shat I last saw the deceased and that death occurred at 400 R alive on. \_M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 225 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. RUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No

CERTIFICATE OF DEATH

BUREAU V. E.

8361 7 A9A

DECENED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0	4	3	1	2
v	-	U	4.	10

**CERTIFICATE OF DEATH** 4231

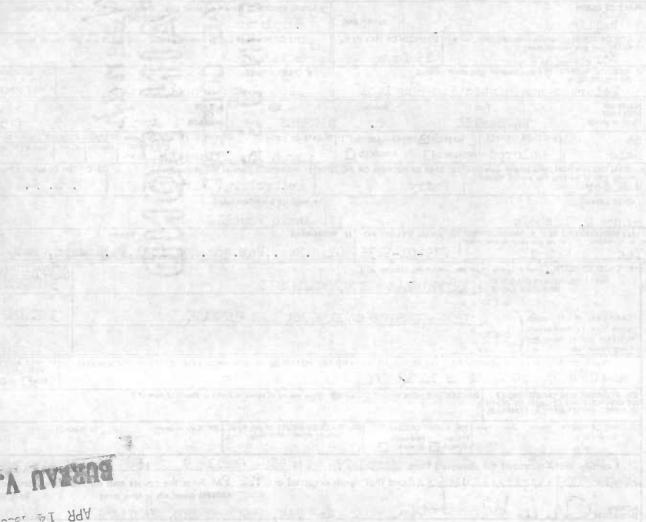
			433	L	KIIFIC	AII	OF DEA	ш			Reg. D	ist. No		
	PLACE OF DEATH o. COUNTY Baltimo	re			MARYLAND	2.	usual RESIDENCE STATE Maryland	(Where de	ceased	lived. If instituti b. COUNTY	on: Reside	nce befo	re admis	sion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim	ts, write	c. LENGTH OF	STAY IN 16		c. CITY OR TOWN	(If outside	corpore	ote limits, write R	URAL ond	give ne	arest fow	n) /
L	Fort Ho	ward		13 Day	S		Baltimo:	re		3	Vol	-11		
	d. NAME OF HOSPITA	AL (If not in hospital, (	jive street	address)			d. STREET ADDRES	SS				,	e. IS RES	SIDENCE A FARM?
	Veteran	s Administ	ratio	on Hospi	tal		2208 No:	rth M	onr	oe Stree	t		YES [	NO 🔯
3.	NAME OF DECEASED	Fi			Middle		Last	4. D	F	Mon	th	Do	,	Yeor
	(Type or print)	NATHAN			P.		HOLS	D	EATH	April		9		19 58
	SEX	6. COLOR OR RACE			1000	B. DA	ATE OF BIRTH		. 1	<ol><li>AGE (In years lost birthdoy)</li></ol>	Months Months	R 1 YEAR	Hours	ER 24 HRS.
_	Male	Colored			ORCED		March 11			44 yrs.				
100	. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	1		IESS OR INDU	JSTRY !	The second secon				)			COUNTRY
	Janitor			Dairy		T.	Petersb		vir	ginia		U. S	. A.	
13.	FATHER'S NAME					14	. MOTHER'S MAID							
	Henry O. N						Annie Por	well						
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	SOCIAL SECURIT		-	MANT			Add				
	Yes	WW II		219-01-5	235 C	lir	Rec., Ve	t.Adm	. Ho	spital,	t.Ho	ward	, Ma	ryland
		TH [Enter only one co										INT	ET AND	DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (c	ART	ERTOLAR	NEPHR(	DSC	LEROSIS					-	3 YEA	IRS
	442x	DUE TO											3 3777	a To Ci
	Conditions, if an		HYF	PERTENSI	VE CAR	DIO	VASCULAR	DISE	ASE			-	3 YE	ARS
	cause (o), stating t													
7	lying cause lost.	) ((	)	CO. 1001011111111111111111111111111111111										
CERTIFICATION		NEUMONIA,				49	XELATED TO THE TI	EKMINAL D	ISEASE	CONDITION GIV	EN IN PA	KT 1(0)	PERFO	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJ	URY OCCURR	ED. (Er	iter nature of injury	y in Port t	or Part	Il of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	NJURY OCCURRE Not while tk ot work	20e. P	LACE (	OF INJURY (Home, street, office bldg.,	form, 20f	. (City	or tawn)		(County)		(Stole)
	21. I certify the	at ¥ attended the	deceas	ed from Ma	arch 27	7	, 19.58, to	April	. 9	158	thatx	XIOSX X	iwith a	decease
		XXXXXXXXX									and on	the da	te stat	ed above
	M	1 112		7						eet, city or town.				ATE SIGNED
	ACTUAL SIGNATURE	wen Wo	- 4	tan		M.D.	VAH. FO	RT HO	MAR	D. MARYI	AND		11/	10/58
	PHYSICIAN'S NAME (Type)	HIEN WEI	AN.	M.D.										
220	BURIAL CREMATION	V, 22b. DATE THEREC	F	22c. NAME OF						ION (City, town,			(Sto	le)
F	REMOVAL (Specify)	4-14=5	3	Baltin	nore Na	atio	nal Cem.	E	Balt	imore, 1	laryl	and		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS:	more 1	1	Id. 240.1	REC'D BY	REGISTR	RAR 246. REGI	STRAR'S S	GNATU	RE	Trace -
0	harles R	Law Mortus	7777				DATE	4001 a	158	1000	eru	uch		

unerol director deoth: Poge 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often may be retained by the hospital or attending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be relached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registror prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

AT A STATE OF DEATH.





Total State of the State of the

cheribs APA



Edition of the same

VS A15 (4) 15M 10/57 0

04314

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maruland b. COUNTY  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson	55 Twoson
d. NAME OF HOSPITAL (If nat in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Armacost Nuring Home	131 Regester Avenue VES   NO DIX
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Miss Elizabeth	Noonan DEATH April 26th 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  A
temale white WIDOWED DIVORCED	71ug. 2/, 1000 77 yrs.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stole or foreign country)  Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah Noonan	Mary Hennessey
0	INFORMANT Address
(Yes, no. or unknown) [If yes, give wor or dates of service]	Mrs. Eileen Taylor, 131 Regester Avenu
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LLLL  DUE TO	3/ Hemornhage Interval Between ONSET AND DEATH
Conditions, if ony, which) (b) Alex Te	usive (Indian
gave rise to immediate DUE TO	, , ,
lying couse lost.	25 CU/24 DISERSE 10 The
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TYPE TO THE TOTAL	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Part I or Part II of item 18.)
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the footwork at work to the p.m. 19 to the footwork at work to the footwork to th	CACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) (County) (Stote)
21. I certify that I strended the deceased fram.	19.57.10 Abor 1/2619 18, that I last saw the deceased
alive an 17 pri/26 1958, and that death	accurred at 4 P.M. from the causes and an the date stated above
11 0 05.0	ADDRESS (Sleet, city or town, state) DATE SIGNES
SIGNATURE ORACLESTORONULL	MD 7501 HONE Rd
PHYSICIAN'S Charles FO Don	evellus lawenty md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	1. 1 C D / 1 M . / . /
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Hartord Roa	ad #14 DATE MAY 1 '58 OR COL
	MAY

	100	
	MORRESOL - MARKET	
The state of the s		mediat
BR March Strait		

()	4	3	1	5	
		-	and the	- 20	

3. NAME OF DECEASED (Type or print)  6. COLOR OR RACE   MARRIED   NEVER MARRIED   B. DATE OF BIRTH   S. ACE (In year)   FUNDER 17EAR   FUNDER 241   Months   Day	O. COUNTY BLOWN II outside corporole limits, write c. LENGTH OF STAY IN 16  C. CLTY OR JOWN II outside corporole limits, write blow or composition of the composition	DETTY OR JOWN III founded experiors limits, write a c. LENGTH OF STAY IN 16 C. CLTY OR TOWN (II ouniside corporate limits, write BURAL and give necretal town)    Committed Comm	-	3000	Keg. Dist. No.
ANAME OF HOSPITAL (If not in happiol, give irrest address)	AMME OF HOSEITIS (Il not in hospiol. give street address)  d. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  3. NAME OF HOSEITIS (Il not in hospiol. give street address)  4. DATE OF HOSEITIS (Il not in hospiol. give street address)  5. SEX  4. COLOR OR RACE   MARRIED DI NEVER MARRIED DI NEV	A. STREET ADDRESS   d. S	1. [	COUNTY V	
3. NAME OF DECEASED PURPOR AND A COLOR PACE   MARNED   NEVER MARRIED   NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   19. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 19. INFORMANT   19. INFOR	3. NAME OF BECEASED PROPERLY AND ACCIDENT WAS UNDERSTORD IN SOCIAL SECURITY NO.  13. FATHER'S NAME  16. COLOR OR SACE    MARRIED   MARRI	BY HIS DILLY ON A COLOR OF RACE    COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RACE   COLOR OF RA	1	CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)	
DECEASED TO THE PEATH   19  S. SEX   6. COLOR OR RACE   MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years into to birth of the peat to be	19   19   19   19   19   19   19   19	DEATH  DE		OR INSTITUTION!	ON A FARM
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]   18. CAUSE OF DEATH   19. girn wor or doin of vertical   19. WAS CAUSED BY:   19. MOTHER'S MAIDEN NAME   19. WAS CAUSED BY:   19. MOTHER'S MAIDEN NAME   19. WAS CAUSE OF DEATH   19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16.   19. WAS AUTOOPER COURSE (b), Islding the under-lying course lost.   19. MOTHER'S MAIDEN NAS UNDERTYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)   19. WAS AUTOOPER   19. MOTHER'S MAIDEN NAS UNDERTYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.)   19. WAS AUTOOPER   19. MOTHER'S MAIDEN NAS UNDERTYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.)   19. WAS AUTOOPER   19. MOTHER'S MAIDEN NAS UNDERTYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.)   19. WAS AUTOOPER   19. MOTHER'S MAIDEN NAS UNDERTYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.)   19. WAS AUTOOPER   19. MOTHER'S MAIDEN NAS UNDERTYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.)   19. WAS AUTOOPER   19. MOTHER'S MAIDEN NAS UNDERTYING NAS	100. USUAL OCCUPATION (Give kind of work done lot work done lot work done during most of yorking life, even if retired work done lot work done during most of yorking life, even if retired to the control of the cont	100. USUAL OCCUPATION (Give kind of work done down and on the course of		DECEASED A1 - 1	-111-0 OF 4/11/10
13. FATHER'S NAME	13. FATHER'S NAME	13. FATHER'S NAME	S. S		7/2 4/76 lost birthday) Months Days Hours Min
S. WAS DECEASEDEVER IN U. S. ARMED FORCES?   1d. SOCIAL SECURITY NO.   17. INFORMANT   Address	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [17. No. or unknown] [17. yet. gra wor or dolle of service]  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if any, which gove rise to immediate cause (b) arteriescleratic Cardie-vascular Disease  DUE TO  Conditions, if any, which gove rise to immediate cause (c). In the cause (c) standing the under living couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year Month, Doy, Year While Not while of work of work of work of work AND ADDRESS (Street, city or town)  21. I certify that I attended the deceased from February in Address (Street, city or town, stote)  ACTUAL SECOND STANDING COURSED AND ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNATURE AND ADDRESS (Street, city or town, stote)  ACTUAL SECOND STANDING COURSED AND ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNATURE AND ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNATURE AND ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNATURE AND ADDRESS (Street, city or town, stote)	SWAS DECEASEDEVER IN U. S. ARMED FORCES?  If the note of unbound)  If the presence of which of the currons  If the note of unbound)  If the presence of which of the currons  If the note of unbound)  If the presence of which of the currons  If the note of unbound)  If the presence of which of the currons  If the note of unbound  If the presence of which of the currons  Interval between the curr	0a	during most of working life, even if retired)	
Text	Tex. no. or unknown    (If yes, give wor or date of vervices	Ten. no. or unknown)	13.	Johann Gechten	14. MOTHER'S MAIDEN NAME Buches
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriescleratic Cardia-Vascular Disease  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOID PERFORMED YES NO  NO. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork of two o	PART I. DEATH WAS CAUSE (9) Arteriescleretic Cardie-vascular Disease  DUE TO  Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTO PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  200. TIME OF INJURY Month, Doy, Year While Not while of work of injury in Port I or Port II of item 18.)  201. I certify that I attended the deceased from Feb., 1947, to April 1958, that I last saw the deceased live an April 10 , 1958, and that death accurred at 2:30A. M, from the causes and an the date stated at ADDRESS (Street, city or lown, stote)  ACTUAL SIGNATURE MADE INJURY MOND, STREET AND INJURY INJURY HILL Ave., Baltimere 29, Md. 4/  PHYSICIAN'S NAME (pype) J. Gaver. M.D.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (b). Idling the under Uying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO  20a. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH HOU o. m. p. m.  21. I certify that I attended the deceased from Factory, street, affice bidg., etc.) 22. I certify that I attended the deceased from Feb.  23. ACCIDENT WAS UNDERLYING OF DEATH HOU o. m. p. m.  24. I certify that I attended the deceased from Feb. DISTANCE OF DEATH HOUR o. m. p. m.  25. MAD TILL 10 19. 58 and that death accurred at 2:39A. M, from the causes and an the date stated at a ADDRESS (Street, city or town, stole)  DATE STAND DEA  5 yrs.  5 yrs.  ONSET AND DEA  5 yrs.  19. DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMET YES NOT PART 1. DEATH AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMET YES NOT PERFORMET YES NOT PART 1. DEATH AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMET YES NOT PERFORMET	15/  Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address Address Min Emmerman
Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of wor	Conditions, if any, which gove rise to immediate cause (o), stating the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH CITY REDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work.  21. I certify that I attended the deceased from Feb., 19. The April 19. See that I last saw the deceased grown and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and that death accurred at 2:30A.M, from the causes and an the date stated at Apprel 10. In 19. See and the date stated at Apprel 10. In 19. See and the date stated at Apprel 10. In 19. See and the date stated at Apprel 10. See and the date stated at App	Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO OR ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while South of factory, street, office bldg. etc.)  21. I certify that I attended the deceased from Feb., 1947, to April 1958, that I last saw the deceased alive an April 10 1958, and that death accurred at 2:304. M, from the causes and an the date stated a ADDRESS (Street, city or lown, stote)  ACTUAL SIGNATURE APPLIES OF CEMETERY OF CREMATORY STREET, THEREOF TEMPORAL CREMATION.  22. DATE STREET, AMEE GYPE)  22. DATE STREET, DATE THEREOF STREET, DATE THEREOF TEMPORAL CREMATION.		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) Arteriescleretic	Cardie-vascular Disease Interval Between Onset and Deat 5 yrs.
20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Not while of work   19   19   19   19   19   19   19   1	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   While   Nat while   of work   of	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.)  20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   19   While   Not while of work   19   19   19   19   19   19   19   1	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.  (b)  DUE TO  (c)	PERFORMED
21. I certify that I attended the deceased from Feb., and that death accurred at 2:30A.M, from the causes and an the date stated at ADDRESS (Street, city or town, stote)  Not while of work in the last saw the deceased from Feb., 1947, to April 1, 1958, that I last saw the deceased alive an April 10, 1958, and that death accurred at 2:30A.M, from the causes and an the date stated at ADDRESS (Street, city or town, stote)	21. I certify that I attended the deceased from Feb., 1947, to April 1958, that I last saw the decease alive an April 10 , 1958, and that death accurred at 2:30A.M, from the causes and an the date stated at ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  M.D. 1 Mallew Hill Ave., Baltimere 29, Md. 4/  PHYSICIAN'S NAME (Type)  NAME (Type)  ACTUAL SIGNATURE  NAME (Type)  DATE SIGNATURE  NAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)	While of work of twork of two twork of two twork of two	CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH	
alive an April 10 , 19 58 , and that death accurred at 2:30A. M, fram the causes and an the date stated at ADDRESS (Street, city or town, state)  DATE SI	alive an April 10 , 19 58 , and that death accurred at 2:30A. M, fram the causes and an the date stated at ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE	alive an April 10 , 19 58 , and that death accurred at 2:30A. M, fram the causes and an the date stated a ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE	MEDICAL	Hour o. m. While Not while fo	ACE OF INJURY (Home, farm, clory, street, affice bldg., etc.) (City or tawn) (County) (Street, affice bldg., etc.)
	NAME (CYGO) (Lee J. Gaver, M.D.	PAME (Type)  720. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  714/58  72c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  72d. LOCATION (City, town, or county)  (Stote)		active an April 10 , 19 58 , and that death	accurred at 2:30A. M, fram the causes and an the date stated ab  ADDRESS (Street, city or town, state)  DATE SIG

CERTIFICATE OF DEATH A Company of the Comment of the Comm will and a mount of ACC to be be a sent and the control of the Con 8391, 81A

TANGE AND THE REPORT OF THE PARTY OF THE PAR

MARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMOR	E, 18
4208	CERTIFICATE	OF DEATH	

1900			- 200
1208	CERTIFICATE	OF	DEATH
		-	

Reg. Dist. No. 04316

1. PLACE OF DEATH  o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (W. a. STATE	here decease	d lived. If instituti b. COUNTY	oni Resider	nce before a	dmissian)
b. CITY OR TOWN (I RURAL ond give no Arbutu	•	ts, write	4mos	c. CITY OR TOWN (IF		rate limits, write R Ltimore	URAL and	give nearest	town) /
	AL (If not in hospital, g		oddress)	d. STREET ADDRESS		03		1 0	S RESIDENCE ON A FARM?
2 114145 05	5543 Lin		re.	1 4713 Dunk		na.			
3. NAME OF DECEASED (Type or print)	Ruth		Catherine	0 Brennan	4. DATE OF DEATH	Apri		Day 4	Year 1958
5. SEX ਜਾ	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTH NOV 27, 188	80	9. AGE (In years lost birthdoy) 77 yrs.	Manths		UNDER 24 HRS. OUTS Min.
during mast af worl	ON (Give kind of work ing life, even if retired Keeper	done 10b.	KIND OF BUSINESS OR INDU		ar fareign o		12. C1	TIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
W	illiam P.	Bus	hman	Agnes	Stor	n			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of t			nformant s. Maude My	ers (	Add 5543 Lin		re.	
	mmediate (	)	ne for (a), (b), and QUPI Cari	cular du diò-vasculo	itter re.	nal di	16816	ONSO	and between and bearing months
CATIC			CONTRIBUTING TO DEATH BUT				EN IN PAR	P	VAS AUTOPSY ERFORMED? S NO
	CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Pa	f II of item IS.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Ye	White		ACE OF INJURY (Home, form letary, street, office bldg., etc		y or town)	(	County)	(Stole)
21. I certify the alive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	at a finded the APr. 4	deceas 19	ed from 10VI	0 , 1957, to n occurred of 2, 30 / M.D. 805 3		m the causes of treet, city or town,			the deceased stated above. DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)	4-8-58		Cathedral	Cem.	-	TION (Cily, town, Ltimore	or caunty)	Md.	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		D BY REGIS		STRAR'S SI		
Farley F	uneral Ho	me C	Catonsville,	Md. DATE A	PR 9	58 QU	Lea	ush	

8361 6 APA

or consider the agreement of the second seco

04317

uneral director, ould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR STATEMENT After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be referenced for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be recovered to the control of the please remove carbon papers. may be retained to the hospital or attending physicion.

O FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither egistrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

M

death. Poge 4

I

VS A15 (4) 15M 9/55

26	
2	) -
113	5
×	-

	200	2 CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who		ion: Residence before admission)
	Baltimore	MARYLAND	o. STATE Maryla	nd b. COUNTY	Baltimore
T	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write l	RURAL and give nearest town)
-	Rural Towson		× Rural	Towson	
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Glenarm Road		Glenarm	Road	YES NO
	B. NAME OF First DECEASED	Middle		4. DATE Mor	
		Albertus O'Har		DEATH Apri	
	5. SEX 6. COLOR OR RACE 7. MARR			9. AGE (In years lost birthday)	Months Days Hours Min.
	Female White WIDOWE		October 6, 1		
-	Oo. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			r foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Teacher 3. FATHER'S NAME	RELIGIOU	5 Ireland	. we	U.S.A.
	Lawrence O'LAR	•			
-	0 11111	SOCIAL SECURITY NO. 17. II	Anne Mc	Movern	Dan.
1	(If yes, give wor or dates of service)				
F	LID CAUSE OF DEATH SC.		ister M. Peter	rourier	Notch Cliff, Md.
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	Coronary Occ	lucion		ONSET AND DEATH
	MMEDIATE CAUSE (o)	oor onary occ	JUSTOII		
	DUE TO				
	Conditions, if ony, which gave rise to immediate DUE TO				
	couse (a), stating the under- lying couse lost.				
-		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY
0	Š				PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	RIBE HOW INJURY OCCURRE	). (Enter nature of injury in Pa	ort I or Port II of item 18.)	
			ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	Hour o. m. While at worl	Not while to	nory, sireer, orner blog., erc.,		
	21. I certify that I attended the decease	ed from Feb.	1957, to A	pril 1958	,that I last saw the deceased
	alive an April 8th 1958				and on the date stated above
	16/11/11	50)		DDRESS (Street, city or town,	
	SIGNATURE AND TO	homel!	M.D. 7501 York	Road Towson	4. Md. 4/12 58
	PHYSICIAN'S				, , , , , , , , , , , , , , , , , , , ,
	NAME (Type) Charles F. O'Dor	mell			
	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (Stote)
-	BURIAL 4-14-58	WILLA MAR	IA CEM.	NOTCH CLIFI	
	13 FUNERAL DIRECTOR'S SIGNATURE 9015.	CADDRESS LING	2.	150   60	STRAR'S SIGNATURE
Ŀ	remarks & deller BD.	TO, 14, 45	DATE	PR 1 5 '58 UV	

and he will be reported by the property of the same of



APR IE 1950



	3	5	
A.		0	
	=	2	
	â	P	
	.=	6	
	P	-	
	=	es.	
	4	60	
	e	0	
	0	oi.	
	e.	e	
	00	0	100
	0	-	4
	8	8	9
	5	20	20.0
	C.S	0	-
	15	×	-
	40	Ĕ	3
	0	5	2
	in Si	20	
	ů.	9	4
	ŧ	a	
	60	9	
	÷	드	2
	ó		4
	70	THE .	6
	ě	ē	
	.0	٩	-
6	6	Si	3
ici	0	ō	_
14	9	Ξ	1
0	9	.0	5
ng		20	0
P	0	9	
e	ij.	=	
Ö	e	0	
6	S	3	-
0	3	2	0
·ā.	-	fo	
Š	3	P	-
8		5	
-	8	eta	4
	*	9	4
P	REC	pe	200
ne	=	0	5
to	1	20	9
-	ZA	sh	40.00
9	TE	m	
>	ີ້	ge.	
may be retained to be hospital or attending physician.	PEUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	the excitence points the present of an account of the same second within 70 harren when therethe

HOSPITAL

0

VS A15 (4)

Farley Funeral Home

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4335 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Balto. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Catonaville Catonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 07 YES NO T Osborne Ave. Os mrne NAME OF First Middle Last 4. DATE Month Day Year OF DEATH (Type or print) Hanly Woodin Oswald April 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Days WIDOWED TIK DIVORCED | Jan. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sales Agent Fuel Co. Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard W. Oswald Elizabeth Hanly IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W.L Oswlad 405 Forest Lane W. Bruce 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a.m. Not while al wark at wark 21. I certify that I attended the deceased from # that I last saw the deceased and that death accurred at 6 ? M, fram the causes and an the date stated above. alive an DATE SIGNED ACTUAL PHYSICHAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 4-26-58 Loudon Fark Cem Balto. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cabonsville. Md.

DATE APR 2 8 '58

alt will a st	TE OF DEATH	ASSE CERTIFICA	
		diamen / / / / / / / / / / / / / / / / / / /	
The Market Wall Control of the Contr		CHANGE TO A COMPANY OF THE	
Rithrian Co.			
			5.8641 / 5.6011
	A STATE OF THE STATE OF		
			Per security
		A TOTAL SECTION ASSESSMENT OF THE	MATERIAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADD
			11 To 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
solver was successful and the second	Vicine School	S. C. Warming to said all total and the	
BUREAU V. S.	A ST Sales Service	mass on two _ \$ Lot E \$	Section 1
VAY		Acro-Alt Land	100
ST 05/2			
DECENALED			

# FOR STATE/ HEALTH DEPT,

Poge Files.

TO DEPUTY MEDICAL, EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessed execute the certification with the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct a should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard as its designated agent, priar to burial, cremotion, or removal, and in any event within 22 hours after death. VS A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE	OF DEATH	Reg. Dist. N. 4319
301		

	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  O. STATE  O. STATE
	b. CITY OR TOWN  If outside corporate limits, write RURAL   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ond give regrest town) Towson	55 Towson
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Į	8128 Loch Raven Blvd	8128 Loch Raven Blvd YES NO NO ROCK
	3. NAME OF DECEASED (Type or print) Mr. Leonard G.	Otto, Sr Jearn April 14th 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
	male white WIDOWED DIVORCED 15	ept 22, 1884. 73 yrs. Months days mours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Netired Optician	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Baltimore, Maruland USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ç,	Andrew Otto	Eva Dressell
-	[Yes, ne, er unknown]   (If yes, give war ar dates at service)	Address Address
		Mrs. Ella M. Otto, 8128 Loch Raven.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	y Cochesion Sudden
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying course last. (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NO NO
		nter nature of injury in Part I or Part II at item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED lock facts at wark a	CE OF INJURY (Home, form, ory, street, office bldg., etc.) (City or town) (County) (State)
3	21. I certify that I taok charge of the remains described abo	ve, held an Autapsy . Inspection I Inquiry , and in my
	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner
	SIGNATURE MRELES HOROCALL	M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER
2	EXAMINER'S AND MESFO DONNE	DEPUTY MEDICAL EXAMINER D
	Burial 4/17/58 Moreland Me	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	Leonard J. Ruck 5305 Harford Road	d #14 DATE APR 21 '58   Will Feduch

APR 21 1953

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4337 CERTIFICATE OF DEATH

Reg. Dist. No. 0432()

1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESI		here deceased	d lived. If insti b. COUN		sidence befo	re admiss	sion)
b. CITY OR TOWN (II RURAL and give no	f outside corporate limi corest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR X Owings			rote limils, writ	RURAL	and give nec	prest town	n)
d. NAME OF HOSPIT. OR INSTITUTION	d = 1 =	Manor	Nursing H	ome	Reiste	ADDRESS		ì				FARM?
3. NAME OF DECEASED (Type or print)	BARNI	st	Avenue		OWINGS.		4. DATE OF DEATH		Month ril	25		Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARE	NEVER MARR		B. DATE OF BIRT	1886		9. AGE (In year lost birthday	y) Mon	ths Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATIOn during mast of work Retired Ope	ON (Give kind of work	1	treet Rail			uce (Stote	or foreign co	ountry)	12	. CITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				344	
John Owing	S				Lydia	a Bowe	rsox					
15. WAS DECEASEDEVER	R IN U. S. ARMED FOR (If yes, give war or dates of t		200 - 16-16 3°C		nformant Barney	owin	g <b>s-17</b> L		terst	own Re	oad	
	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	R	ne far (a), (b), and (c)	ne	phros	rele	resi	ix			ERVAL BE	
Conditions, if or gove rise to in cause (o), stoling lying couse lost.	mmediate DUE TO	)	rlluo	eer	oris	eve	race	yea				
PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ANCH	one	a of	Sro	state					PARI I(o)	PERFO	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOM INJURA	CCURRE	D. (Enter nature o	af injury in I	Port I or Pari	I II of item 18.)				
20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Day, Ye	White of wor	NJURY OCCURRED  Not white at work	20e. PL	ACE OF INJURY ( ctory, street, office	(Hame, farm e bldg., etc	20f. (City	ar tawn)		(Caunty)		(Stote)
21. I certify the alive an CACTUAL SIGNATURE	at I attended the pull is	deceas , 19		death	00000000 at 210	400	M, from ADDRESS (SI	n the cause treel, city or to	s and a			
PHYSICIAN'S NAME (Type) MO 220. BURIAL, CREMATIO	ORTON N. KI			EYERY		08 Eut	aw Pla					
REMOVAL (Specify) Burial	4/28/58		Stone Cha				Pike	Sville,	Mar	yland	(Stot	e)
Wm. J. 14	S.SIGNATURE CANEN YF	ons	Balto	77	mel.	24a. REC'	APR 2			's signatul	RE	

BUREAU & &

8391 82 99A



()	4	3	2	1	

DATE SIGNED

4-24-58

(Stote)

43	38 CERTIFI	CATE OF DEATH	1	11432 <u>1</u> Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAN	O STATE	nere deceased lived. If institution b. COUNTY	n: Residence before admission) Balto.
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Catonsville	write c. LENGTH OF STAY IN		county Bome	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give or institution SPRING GROVE STATE	e street oddress) HOSPITAL	/ d. STREET ADDRESS Cockeys	ville, Maryland	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mato	Middle	lost Palic	4. DATE Monti	/
	MARRIED NEVER MARRIED [ VIDOWED UNKDIVORCED		lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)  UNKNOWN  13. FATHER'S NAME	ne 10b. KIND OF BUSINESS OR IN		or foreign country)	12. CITIZEN OF WHAT COUNTRY Austria
George  15. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 1	Mary Mary		
(Yes, no, or unknown) (If yes, give war ar dates of serv unknown	Unknown	Records: SPRIM		E HOSPITAL
18. CAUSE OF DEATH [Enter only one couse PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		tic cardiovascu	lar disease	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (DUSTO	Generalized a	rteriosclerosis		
lying couse last. (c)	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAI DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
ICATK	Db. DESCRIBE HOW INJURY OCCU			PERFORMED? YES NO
		PLACE OF INJURY (Home, form		
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	While Not while of work of wark	foctory, street, office bldg., etc.	3)	(County) (State)
21. I certify that I attended the dalive on April 23	leceased from <u>Marc</u>	h 5 , 1958 , to A	pril 23 , 19 58	that I last saw the decease and an the dote stated above

crematian, ar remayal, and in any

the registrar priar to

event within 72 haurs ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftar After this certificate has been signed by the attending physician and campletely filled in be ned far use as the burial-transit permit. Then please remave carbon papers. Pages I and e hospital ar attending physician. ached for use as the burial-transit TO FUNERAL DIRECT page 3 shauld be de TO HOSPITAL OR

death: Page 4

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE.

ACTUAL SIGNATURE

Catonsville 284 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

23. FUNDERAL DIRECTOR'S SIGNATURE

REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS (Street, city or town, state)

VS A15 (4) 15M 10/57

VPR 85 1956 DECENTED

BUREAU V. S.

Page 4

death.

ely filled in by the Pages 1 and 2 sho

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

. Dist. No.

Baltimore, Maryland

240. REC'D BY REGISTRAR

46 REGISTRAR'S SIGNATURE

1	433	5	112 OI DE/1111	Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution: Residence before admission) . COUNTY
I	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	its, write RURAL and give nearest town)
	Fort Howard	1142 Days	Baltimore	3 VOI 4
	d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	e. IS RESIDE

Baltimore	MARTINED	Marvl	and				
b. CITY OR TOWN (If outside corporale limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpo	orote limits, write RI	JRAL and give	nearest to	wn)
Fort Howard	1142 Days	Balti	more	3	VOI-	11	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS					ESIDENCE
Veteraas Administrat	tion Hospital	3023	Pinewo	ood Avenu	е		A FARM?
NAME OF First DECEASED	Middle	Last	4. DATE	Mont	th	Day	Yeor
(Type or print) JOHN	LEE	PEDDICORD	DEATH	April		13	19 58
. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UN	
Male White widow	ED DIVORCED	April 12, 1	893	last birthday) 65 yrs.	Months Doy	s Hour	s Min.
Da. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZEN	OF WHA	AT COUNTRY?
during most of working life, even if retired) Watchman	onstruction Co	. Baltimore	Mary	rland	U. S	. A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN		,			
Albert B. Peddicord		Suzie L.	Cook				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		
Yes no. or unknown)  Hit ves give wor or dores of service)  2	18-03-4725 C1:	in.Rec., Vet.A	om. Hos	spital, F	t. Howa:	rd, I	Marylan
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]					TERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY: ESC	OPHAGEAL VARIO	ES WITH BLEED	TNG HE	MORRHAGI		NSET AN	D DEATH
The chart of		ESTINAL TRACT		21020101210121		T MATOT	211
	IRRHOSIS OF LIV					1 WEI	ישיד
gove rise to immediate ( DUE TO TTT		A TIM P					
lying cours lost	EMOCHROMATOSIS					3 YEA	ARS
/ (0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	FN IN PART I(a)	19. WA	S AUTOPSY
Peptic ulcer, duodenal						PERF	FORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Par	t II of item 18.)			
		ACE OF INJURY (Home, fare		y or town)	(Count	y)	(Stote)
Hour a.m. p. m. 19 While of wor	IAOL MILLE	ctory, street, office bldg., etc	c.)				
21. I certify that I attended the deceas	ed from February	26 165 to An	ril 13	3 1058	XXXXXXX	XXXXX	XXXXXX
MINA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	Sazesas and mar deam	occurred di_7_12Q		freet, city or town,			ited abave. Date signed
ACTUAL SIGNATURE	Jau	M.D. VA HOSPIT					4/14/5
PHYSICIAN'S CHIEN WET LAN.		VAH, FORT					
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			TION (City, town, o		(St	ate)

Baltimore National Cemetery

ADDRESS

Blight Inc. 6009 Harford Rd.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after hospital or attending physician.

After this certificate has been signed by the attending physician and campletely filled hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 is remained, ar remaval, and in any event within 72 hours after death. TO FUNERAL DIRECTOR Page 3 shauld be at the registrar priar to TO HOSPITAL OR

VS A15 (4) 15M 10/57



23. FUNERAL DIRECTOR'S SIGNATURE

et aromielas huash so tubmmassu btate chartam.

Legis of death of the chartane of death of the chartane of the



8281 88 AAA



50

I

death. Page 4.

eral director, ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afragretationed by the hospital or attending physician.

RAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the should be applied for use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be applied for use as the burial-transit permit. retained by the hospital or attending physician.

RAL DIREC: After this certificate has been signed by the attending physician and campletely filled in by the should be advached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sha strar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

I	DE	TO FUNE	page 3	the real
			5 (4	

		434	() CERTI	ICAI	L OI DEAII			Reg. Dis	t. No.		
1. PLACE OF DEATH O. COUNTY BAI	TIMORE		MARYI	2.	usual residence (Wig. STATE MARYLA)		b. COUNTY	on: Residenc	e before o	idmission)	
b. CITY OR TOWN ( RURAL ond give n	If outside carporate limited earest town)	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	autside carp	prote limits, write R	URAL and g	ive neares	lawn)	
FORT HOWA			12h DAYS		BALTIMO	ORE	90.00	3 V	21-4	4	
	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS			etite i		S RESIDENCE	
	ADMINISTRA!	TION	HOSPITAL		1930 Mc(	CULLOF	STREET			ES NO	
3. NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE	Mon		Day	Yeor	
(Type ar print)	GE	RSON	L		PERRY	DEATH	444 27 040		- 4	19 58	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D   B. D	ATE OF BIRTH		9. AGE (In years lost birthday)			OUTS Min.	
MALE	NEGRO	WIDOWI	D DIVORCE	KK AF	RIL 13, 189	98	59 yrs.	Monnis	Days II	durs min.	
Oa. USUAL OCCUPATI	ON (Give kind of work of king life, even if retired)	dane 10b.	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (State	or fareign	country)	12. CITI	ZEN OF V	VHAT COUNTR	
AUTO MECH		<b>'</b>			BALTIMORE	, MAR	TLAND	U.	S.A.		
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
GEORGE PI	ERRY				ELLA JOHN	SON					
S. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
(Yes. no. or unknown)	(If yes, give wor or dates of so	21	6-05-8517	CLI	N REC VET .	ADM HO	OSP FT H	OWARD	MD		
	ATH [Enter only one co						7		INTERV	AL BETWEEN	
	ATH WAS CAUSED BY:	TON			LEFT CEREBR	AT. COL	रमग		ONSET	AND DEATH	
9011	IMMEDIATE CAUSE (a	/	OH! HADOLAD	aour 1	THE T CHICADIA	1111 001	62.234		ONTE	M OHIA	
104.	DUE TO		איידוד א חדותים		מוד				TINTE	NOWN	
Conditions, if any, which gove rise to immediate (b) SUBDURAL HEMORRHAGE									OTATI	OHILLIONIA	
couse (a), stoting					7 PW 1970 TO				IDITALCEDI		
lying couse lost.	, (c	/	ACTURE OF			mana Bican			UNKNOWN		
PORTA!	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	I RELATED TO THE TERM	NINAL DISEA	SE CONDITION GIV	EN IN PARI		PERFORMED?	
□ OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	36			inter nature of injury in street by						
20c. TIME OF INJUI	RY Manth, Doy, Yes	ar 20d. 11	NJURY OCCURRED	20e. PLACE	OF INJURY (Hame, farm	m, 20f. (Cit	y or town)	(0	County)	(Stote	
20c. TIME OF INJUI	12 1 19	5 While	Not while at work	foctory	street, office bldg., etc		Baltimore	C:+-	7	Md.	
					Street						
21. I certify the	hoWAattended the	deceas	ed from DECEM	BER_1	, 19.57., to_A	PRIL.	1958	bbwdt	क्रकेडम्फ	<b>The decen</b>	
A STATE OF THE PROPERTY OF THE	000000000000000000000000000000000000000	XX 23 -	SCHOOL ond that	deoth oc	curred ot 9:50_				ne date		
1	Mund 1	11/	Ise A.				Street, city or town,			DATE SIGN	
SIGNATURE	arueu 1	100	rece	M.D	VAH For	t How	ard Maryl	and		4-6-5	
PHYSICIAN'S NAME (Type)	DONALD D MA	RK		M	.D.						
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC	)F	22c. NAME OF CEME	TERY OR CI	REMATORY	22d. LOC/	ATION (City, town,	or county)		(Stote)	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC					44377	ATION (City, town,		D	(Stote)	
220. BURIAL, CREMATIC	Apr. 9,	1958			ONAL	44377	TIMORE MA		~	(Stote)	

ATTO ATTEMPT OF MATERIAL AND THE TARE OF A SPANA USIVISIOS SIGNATURA VIENA VIEN

00

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1110	JIAIL DEI ARIMEITI	OI TIEALITI-DALITING	()432
	CERTIFICATE	OF DEATH	U404
141	CERTIFICATE	OF DEATH	Reg. Dist. No.

		4	341	CERTIFIC	AT	E OF DE	ATH			Reg. D	Dist. No.	70	1 M
1. PLA	CE OF DEATH				2.	USUAL RESIDE	NCE (Who	ere decease	d lived. If instit		ence befor	e odmi:	sian)
0. 0	B	altimore		MARYLAND		o. SIAIE	Md.		b. COUN	TY E	Balto	0.	
Ь. (	CITY OR TOWN (IF	outside carporate limprest town) nsville	its, write	c. LENGTH OF STAY IN 16	5	-0 -		viside corpo	orate limits, write	RURAL ond	give nea	rest tow	n)
d. 1	NAME OF HOSPITA	AL (If not in haspital, s	give street	address)	1	d. STREET ADE		V 4 4 4				e. IS RE	SIDENCE
·	OR INSTITUTION	84 N. P:	rodp	ect Ave.	8	34 N. I	Pros	pert	Ave.				NO
	ME OF CEASED De or print)	Anna	rst	Middle M .	Pfe	lost		4. DATE OF DEATH		onth prol	Do;	,	Yeor 19 58
5. SEX		6. COLOR OR RACE	7- MARI	RIED NEVER MARRIED	8. D.	ATE OF BIRTH		71 75	9. AGE (In yea	TS IF UNDE	RIYEAR	IF UND	ER 24 HRS.
	F	W	WIDOW	EDATE DIVORCED	No	v. 16.	.188	5	last birthday		Days	Hours	Min.
10a. U	SUAL OCCUPATION OF WORKS HOUSEW.	ng life, even if retired	dane 10b.	KIND OF BUSINESS OR IND Home	USTRY		E (Stote o	or foreign c	ountry)	12. C	ITIZEN O	F WHA	COUNTRY
13. FAT	THER'S NAME				14	. MOTHER'S M	AIDEN N	AME					
	He	rman Sand	ders					Eliza	abeth	Kep	ke		
15. W/	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT			A	ddress			
(Tal. No			service)	W	m.	A. Pfe	eiff	er M	WN S.	Roll	ing	nd	
	PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).]	5	Pro	mb	oris			INTE	RVAL BET AND	DEATH
	Landitions, if on gave rise to im		a	rterio pele	vo	~i		li e			4	or	7 -
0   1)	ause (a), stating the ying cause last.		, ,	ty per yeu	si	on	1				ye	ar	7-
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	TON TU	RELATED TO TH	HE TERMIN	NAL DISEAS	E CONDITION (	SIVEN IN PA	RT(1)6) 15	PERF	AUTOPSY DRMED?
	R CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI	RED. (E	nter nature of i	njury in P	art I ar Par	t II of item 18.)				
MEDICAL 300	t. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	or 20d. I While at war	_ Not while _	PLACE of	OF INJURY (Ho street, affice b	me, farm, ldg., etc.)	20f. (City	or town)		(County)	75	(State)
	l. I certify the	at I attended the	deceas	ed from Feb	th oc	_, 19 <i>46</i> , curred at <b>3</b>	70/	m 2 M, from	n the causes	and on	last sa the dat	w the	decease ed abov
ACSIC	CTUAL TO	Thomber	r ]	en-	_ M.D.	62	Dech	DORESS (S	treet, city or toy	a Pil	irle	Re ?	ATE SIGNE
PH N/	IYSICIAN'S MAE (Type)	ether	- b	ee For	+								
220. 81 Bi	URIAL, CREMATION EMOVAL (Specify)	4-25-58	OF 3	22c. NAME OF CEMETERY Lorraine					TION (City, town			(Sto	te)
23. FUI	NERAL DIRECTOR'S	SIGNATURE		ADDRESS			4a. REC'D	BY REGIST		GIŞTRAR'S S		E	150
Fa	arley Fu	uneral Ho	me	Catonsville	Э,	Md. D	ATAPR	2 8 '5	B (Re	Lesu	ch		

	HYARG BO BY ADMINISTED BY STORY	
. Thousand	enter attraperer 24, per per	
	CONTRACTOR NO. 1 CONTRACTOR OF STREET AND ADDRESS OF THE STREET ADDRESS OF THE STREET ADDRESS OF THE STREET AND ADDRESS OF THE STREET ADDRESS OF THE STREET AND ADDRESS OF THE	
	Through the many and the second of the secon	
AND THE PERSON NAMED IN		
	THE OWN IN COMMISSION OF THE PARTY OF THE PA	
HELL OF THE SECURITY OF	Carried Particular Conference of Comment of the Conference of Conference	
	Profession Street and Profession and	
	The product of the most of the product of the most of	
		100
DECEIVED  APR 28 1958  BUREAU Y. S.	CONTRACTOR OF THE PROPERTY OF	

A THE PARTY OF THE PARTY OF

1	X
6	11
1	Sec. Of the last o

4342

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

/	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  S X Baltimore						
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Spring Grove State Hospi	ddress) tal	/d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES \( \) NO \( \)  7. IS RESIDENCE ON A FARM? YES \( \) NO \( \)						
	3. NAME OF First DECEASED (Type or print) Blanche	Middle M.	Phillips   4. DATE   Month   5, Boy   Year   1958						
1	5. SEX   6. COLOR OR RACE   7. MARRI   WIDOWEI		8-6 300 BRITTO 9. AGE (In years last birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
	13. FATHER'S NAME	NIND OF BUSINESS OR INDUS							
	(If yes, give war or dates of service)	U .	informant  Address						
	18. CAUSE OF DEATH   Enter only one cause per line	e far (a), (b), ond (c).]	cardiovascular disease						
2	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.)								
MEDICAL CERTIFICATION									
	21. I certify that I attended the deceased from March 7, 19.58, to April 5, 19.58, that I last saw the deceased alive an April 5, 19.58, and that death occurred at 7:00p M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNATURE  ACTUAL  SPRING (ROVE STATE HOSPITAL 14-6-58)								
	PHYSICIAN'S STELLA WA	ACHSLER	Catonsville 28, Maryland						
	220. BURIAL, CREMATION, 22b. DATE THEREOF BENDVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	22d. LOCATION (City, town, or county) (Stote)  LOCATION (City, town, or county) (Stote)  LOCATION (City, town, or county) (Stote)  240. ACC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
0	Loring Byers Funeral Home								

heral director, be filed with deoth: Page 4

may be retained by the haspital ar attending physician.

• FUNERAL DIRECT

After this certificate has been signed by the attending physician and completely filled in by the page 3 should be directed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs ofted TO FUNERAL DIRECT VS A15 (4) 15M 10/57

BUREAU V. L.

8361 OI 99A

		11		
-	7	E	7	1
	1			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be clacked far use as the burial-transit, attending the please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and find any event within 72 hours after death. the haspital or attending physician.

It After this certificate has been signed by the attending physician and campletely filled in by the state this certificate has been signed by the please remove carbon papers. Pages 1 and 2 shourial, cremation, ar removal, and n any event within 72 hours after death.

6

	-	
VS 158	A15 (4)	)

	303	· O		Keg	, Dist. No.				
	1. PLACE OF DEATH			deceased lived. If institution, Re	sidence before admission)				
	Baltimore County	MARYLAND	o. STATE	b. COUNTY	Fred				
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporate limits, write RURAL	and give nearest town)				
	Mt. Wilson, Maryland		Cullen		10x-2				
1	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE				
	Mt. Wilson State Hospita	al	Victor Calle	in State Hosp	, ON A FARM? YES NO NO				
	3. NAME OF DECEASED (Type or print) Alexander	Middle	Plitus 4	DATE Month OF DEATH	Doy Year 27 1958				
	5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years lost birthday)  Mon yrs.	ths Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b.		STRY 11. BIRTHPLACE (Stole or		CITIZEN OF WHAT COUNTRY?				
	during most of working life, even if retired)	KIND OF BOSINESS ON INDO	Ukrain.		UCA-				
	13. FATHER'S NAME				0 011				
	13. FATHER STAME		14. MOTHER'S MAIDEN NAM						
	Javua Plitas		Akilina	. Kahalnia	: ka				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yet, no. or unknown) (If yes, give wor or doles of tervice)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address					
		78-26-1197 Ho	spital Records	, Mt. Wilson St	ate Hospital				
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN				
	PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH  IMMEDIATE CAUSE (0) Bronchagenic Carcinoma Rt Luna  Lines								
	162.1 DUE TO	2 torce age of	CONTENTANA	- Anny	TVHOS				
i	Conditions if any which )								
	gove rise to immediate								
	couse (o), storing the under								
	, (0)	CONTRIBUTING TO DEATH BUT	NOT BELLIED TO THE TERMINA	U DISEASE COMPUTION CIVEN IN	PART VALUE ANTOREY				
)	PART 11. OTHER SIGNIFICANT CONDITIONS (  200. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	# 41	21/58	IL DISEASE CONDITION GIVEN IN	PERFORMED?				
	20a. ACCIDENT WAS UNDERLYING   20b. DES		D. (Enter nature of injury in Par	t I or Port II of item 18.)					
	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. While p. m. 19 of wor	1 1	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
	Hour o. m. 19 While of wor	Not while	ciory, street, office blog., etc.)						
	21. I certify that I attended the deceased from 18 April , 1958, to 29 April , 1958, that I last saw the deceased								
	1 1								
	alive on 26 April 19	$\Sigma \rho_{-}$ , and that death	· ·	M, fram the causes and c					
	10/11/11			DRESS (Street, city or town, stote)	DATE SIGNED				
1	SIGNATURE William Mina	mu	M.D. Mt. Wilson	n, Maryland	4/27/58				
	PHYSICIAN'S								
	NAME (Type) William Newcomer,	M.D.	Superinte	ndent					
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 2	2d. LOCATION (City, town, or cour	nty) (Stote)				
	BURIAL (Specify) 4-30-58	ORTHODOX	Church Cometery S	outh Bond Brech	( New Jansey				
	23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR					
	Thilip E. Crack 2716	E. Monument	St. DATE AL	PR 3 0 '58 ULU-A	-educh				

Dir Raylli anard ape i Millian Cabesettici arteatili

BUREAU Y. K.

8361 OS 99A

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

th. Page 4

TO FUNERAL DIRECT page 3 should be dyn

VS A15 (4) 1SM 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4344 **CERTIFICATE OF DEATH**

04327

				CERTIFIC	CAI	C OF DEA	VIII				Reg. Di	st. No		
o. COUNTY	TH altimore			MARYLAN	II.	USUAL RESIDENCE o. STATE		re decease		institutio OUNTY	on: Resider	nce befo	re odmis	sion)
b. CITY OR TO	WN (If outside corporate lin	nits, write	c. LENG	TH OF STAY IN 1	ь	c. CITY OR TOWN	-	tside corpo	rote limits,	write RI	URAL and	give ne	arest taw	n) /
RURAL ond give nearest town) Fort Howard				2 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore 3 V 0 /					101	-14			
OR INSTITUT	OSPITAL (If not in hospital,		address)			d. STREET ADDRES	is						ON A	SIDENCE FARM?
	eterans Admin		LION		<u> </u>	4606 M			enue				YES L	] NO [X
3. NAME OF DECEASED (Type or print)	LE	irst NA		Middle B.		PRICE		4. DATE OF DEATH	A	Mon pril	th	D <sub>0</sub>		Year 1958
5. SEX	6. COLOR OR RACE	7. MAR	RIED	EVER MARRIED	8. D.	ATE OF BIRTH			9. AGE (I	n years	IF UNDER	1 YEAR		ER 24 HRS.
Female	White	WIDOW		DIVORCED		ecember 1	2,1	882	75	thdoy) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCU	PATION (Give kind of work f working life, even if retire red Nurse	d)			IDUSTRY									COUNTRY
13. FATHER'S NAM			Hospi	LUAL	15.	Somerset			aryla	nd	J U,	. S.	Α.	
James P				2										
	DEVER IN U. S. ARMED FO	Deren la		ecupie la	7. INFOI	lary Brad	sha	W		4.11				
(Yes, no or unknown) Yes	(If yes are wor or dates of	service)								Addi				
				32-9791	CLI	n.Rec.,Ve	t.A	idm. Ho	spit	al,F	t. Hov		-	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									INT	INTERVAL BETWEEN			
463	MANGDIATE CAUSE (6) PULMONARY EMBOLI, BILATERAL 3 DAYS										3			
4.00	THROMBOPHLEBITIS, LEFT LEG								III	UNKNOWN				
Conditions, if ony, which (b)								0.	OTATEMONTA					
	gove rise to immediate cause (o), stoting the under-													
lying couse		c)												
1. PADI	other significant colverticulosis	, Sma	CONTRIBU	nd large	int	RELATED TO THE TE estines.	ERMIN 2	Aner	mia,	Mode Mode	rate	T 1(o) 1	9. WAS PERFO YES T	AUTOPSY DRMED?
OR CONTRIBU	IT WAS UNDERLYING THE CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DES	CRIBE HO	W INJURY OCCU	RRED. (E	nter nature of injury	y in Po	ort 1 or Pari	t II of item	18.)				
Z 20c. TIME OF I		ear 20d. 1	NJURY O	CCURRED 20e.	PLACE	OF INJURY (Home,	form,	20f. (City	or town)		(	County)		(State)
20c. TIME OF I	s. m. b. m.	While of wor		while vork	factory,	street, office bldg.,	, etc.)	1						
	y that attended the				20 00	10 57 10	An	ri7 7	7	10 58	HYVII	TVC-ATVC:		THE WATER
YXXXXY	XXXXXXXXXX	VVYO	rvvve	2 and that do	T	1, 17.5.4., 10.	- erit	A4 6	- Ab	בוכברו	"NUTURITY IV	THEST VE	AMOUNE	ARREAM
anterorus.		0	maga	and mar der	uni uci	orred dit_Z_		DDRESS (SI				ne aa		ed abov
ACTUAL SIGNATURE	Cluen 4	7:	de	ih	M.D.	VAH, FOR							14/	11/58
PHYSICIAN'S NAME (Type)	CHIEN WEI I	AN. I	I.D.									2	.,	
220. BURIAL, CREM	AATION, 226. DATE THERE	OF	22c. NA	AME OF CEMETER	Y OR CR	EMATORY	1:	22d. LOCA	TION (City	fawn, c	er county)		(Sto	le)
REMOVAL (Se	[eny] 4-14-1	58	Bal	timore N	atio	nal Cemet	-01	D.	742		Mary			
3. FUNERAL DIREC	CTOR'S SIGNATURE		1. OOF	PRESS	,	Rossi ter	REC'D	BY REGIST	RAR 2	REGIS	TRAR'S SI			
Hanne W	Toulein a C		Batt	TOLK WO	ad -	Hossiter	AP	R15'	58	Ull	fed	ueh		

CERTIFICATE OF DEATH



8261 31 84V



MATERIAL CONTRACT OF STREET, S

4345 CERTIFICATE OF DEATH

Reg. Dist. No.

04328

										1912 140		
1. PLACE OF DEATH	ltimore		MARYL	- 11	2. USUAL RESIDENCE (W	here deceased	lived. If in		n: Reside	Balt		sion)
b. CITY OR TOWN RURAL ond give to	(If outside corporate liminearest town) Od LAWN	ts, write	c. LENGTH OF STAY IF	N 1b	c. CITY OR TOWN (IF		ote limits, w	rite RU	RAL and	give ne	arest tow	n}
OR INSTITUTION	ITAL (If not in hospitol, good Windsor				d. STREET ADDRESS	Windsor	Mill	Rd	•		ON A	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	FRA		Middle		Lost	4. DATE OF DEATH		Mont		h.		Yeor 19 58
5. SEX male	6. COLOR OR RACE white	7. MARR	NEVER MARRIED  DIVORCED	-	DATE OF BIRTH		9. AGE (In ) lost birtho	yeors doy) yrs.	Months 1		Hours	ER 24 HRS. Min.
Painter	ION (Give kind of work rking life, even if retired	)	KIND OF BUSINESS OR alter Schaef		11. BIRTHPLACE (Stote	or foreign co	untry)		12. C	ITIZEN (	OF WHAT	COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN I							
Henry Ra	12 ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	Mary Becke	r		Addre	115			
(Yes, no or unknown)	(If yes, give war or dates of s		soeme steemin no.		. Edith Rau	- 6201	K Wind			1 R	d -	
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	1-12	etas tas	TH RUT N	OT RELATED TO THE TERM	INAL DISPASE	CONDITION	N CIVE	NI IN PA	PT 1(a)	2AW 01	AUTOPSY
CATIC											PERFC	NO D
OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Port	II of item 18	5.)				
ZOc. TIME OF INJU Hour o.m. p.m.		While	NJURY OCCURRED  Not while  of work	PLAC factor	E OF INJURY (Home, farm ry, street, office bldg., etc	n, 20f. (City :	or town)			(County)		(State)
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	deceas	they	death o	1956, to ccurred at 1655	AM, from ADDRESS (SH		es ar	nd an		ite state	decease ed abav ATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREO	)F	22c. NAME OF CEMET			22d. LOCATI	ion (City, to		county)		(Stat	(e)
23. FUNERAL DIRECTOR		ur	ADDRESS &	Bu		D BY REGISTR			RAR'S S	IGNATU	RE	

t: After this certificate has been signed by the attending physician and campletely filled in by the Juneral director, sched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with oth: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs as may be relatined by the hospital at attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be refaceded far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 sha the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death ached for use as the burial-transit permit. VS A1S (4) 15M 9/55

THE PROPERTY OF A PARTY OF A PARTY AND A PARTY OF A PAR

BUREAU V. S.

338I 5 444

ECETA

Of the Parish strains to the Art of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

may be retained by

VS A15 (4) 15M 10/57

deoth: Poge 4

M

**CERTIFICATE OF DEATH** 

04329

	434	6 CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (Who		itution: Residence before admission)
U. COGNIT	Baltimore	MARYLAND	Maryla Maryla	ind 6. coul	Baltimore
b. CITY OR TOWN (If o	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, wri	te RURAL and give nearest town)
RURAL and give near	er Falls	45 yrs.	X Upper		
d. NAME OF HOSPITAL	(If not in hospital, give street	oddress)	/d. STREET ADDRESS		e. IS RESIDENC
OR INSTITUTION	Franklinvill	e Rd.	Frank	linville Rd.	ON A FARM
NAME OF	First	Middle	Lost		Month Day Year
(Type or print)	Tillian		Reynolds	OF DEATH	April 29, 1958
	S. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	9. AGE (In ye	
				lost birthdo	Months Doys Hours Mi
Female	WILLIAM		Aug. 14, 1888		yrs.
during most of working	g life, even if refired)				12. CITIZEN OF WHAT COUR
Housewi	fe	At Home		Co. Md.	U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	liam E. Hess		Jennie	E. Price	
	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address
No		None V	Villiam A. Reyn	olds Upper	Falls, Md.
18. CAUSE OF DEATH	[Enter only one couse per li	ne for (o), (b), and (c).]	1		INTERVAL BETWEE
PART I. DEATH	WAS CAUSED BY:	ENAN	1+10N		ONSE AND DEAT
170x	DUE TO			17)	C All
Conditions, if any,	unkink \	ARMI	MM A	BREL	15/ 10/
gove rise to imm	nediote (	111111	VCIII 1	011-11	of of
lying couse lost.	under-				
	(c)	CONTRIBUTING TO DEAD BY	T NOT BELLETED TO THE TERMIN		GIVEN IN PART 1(a) 19. WAS AUTOI
1	2-150 inchis	ONIKIBUTING TODERING BE	TO RELATED TO THE TERMIN	NAL DISEASE CONDITION	PERFORMED
PART II. OTHER	17-15	13-41	1017101	7/11/17	YES NO
20a. ACCIDENT WAS OR CONTRIBUTING O	LCAUSE OF DEATH EDICAL EXAMINER)	AD EOT L	1 1 A B 1 S	art 1 of Parf II of Item 18.	
20c. TIME OF INJURY Hour o. m.	Month, Doy, Year 20d. II	NJURY OCCURRED 20e. F	LACE OF INJURY (Home, form,	20f. (City or town)	(County) (SI
Hour o.m. p. m.	19 While of wor	k ot work	actory, street, office bldg., etc.		(500.17)
21. I certify tho!	I attended the deceas	ed from 4427	1941 to 3	120 10	that I last saw the dece
alive on	29 195		h accurred at 2 36	The front the course	es and an the date stated a
(-11).	do of	7.1		DORESS (Street, city-or to	wn, stole) A DATE SI
ACTUAL SIGNATURE	Hord fo	Huds	1800 J	FORK	ND
PHYSICIAN'S NAME (Type)	WLIF	FORD	F. HUI	SON	
20. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, law	rn, or county) (State)
Burial	May 2, 1958	Mountain Ch	ristian	Mountain Rd	. Harford Co. Md.
3. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	240. REC'S		EGISTRAR'S SIGNATURE
Sanling for	meral Homes	7401 (301)	DATE DATE	0 00	Wir-edilla

HYARD TO STADRITED A STAD .....

4	it is
Pog	100 %
٠,٠	P
deal	200
5	Joon
20 %	2 5 ± 5
hour	in b
24 1	P - s
h.	y fil
3	
o o	d ber
. exec	od c
be	ter o
o to	icia s af
tific	phys may hour
9	ng I
eath	leos thin
e o	at w
= =	The
s th	d by
vire	gne
rec	and and
low	bee l-tro
The	has has
ä	din e b
CIA	riffic os th
HYS	s ce
0	r thi
N	Afte led i
EN	act och
AT	1000
o o	d b
Z.	AL hou
SPI	S S s egist
. 오	may be retained by the haspital or attending physician.  • FUNERAL DIRECTORY After this certificate has been signed by the attending physician and camp page 3 should be retached far use as the burial-transit permit. Then please remave carbon paper the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.
5	0 4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital ar attending physician.  TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the angular page 3 should be efached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours ofter death.

	3.6	TI CERTI	FICA	E OF DEAT			Reg. Dist.	No.	
1. PLACE OF DEATH O. COUNTY Baltimore		MARYI		e. STATE Md.	here deceased	lived. If institution b. COUNTY		before odm Bal tin	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Catonsville	limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpore	te limits, write R	URAL end giv	e nearest to	wn)
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION Shedy Nook				d. STREET ADDRESS	nes La	10		ON	ESIDENCE A FARM?
3. NAME OF	First	Middle		Lost	4. DATE	Mon	AL.		Year
DECEASED	IZABE			RICE	OF DEATH		ril	21,	19 58
5. SEX 6. COLOR OR RA Female white		RRIED NEVER MARRIE		DATE OF BIRTH Sept. 21, 18	185	. AGE (In years last birthday) 72 yrs.	Months De	YEAR IF UNI	7
10c. USUAL OCCUPATION (Give kind of we during most of working life, even if ret Housewife (rtd)	ork dane 10 ired)	b. KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZE	N OF WHA	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	1			
Jacob Maiers				Barba	era -				
15. WAS DECEASED EVER IN U. S. ARMED [Yes, no or unknown] [If yes, give war or dates		6. SOCIAL SECURITY NO.		DRMANT		Add			
no		no	Mr.	John J. Ri	.ce - 9.	34 St. A	gnes L	ane, h	salto.
Conditions, if ony, which gove rise to immediate couse (a), stoting the under. lying couse tost.  PART II. OTHER SIGNIFICANT COURT OF CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE)	(c)	Cardio S CONTRIBUTING TO DEA					EN IN PART 1	PERF	S AUTOPSY ORMED?
20c. TIME OF INJURY Month, Doy,	Year 20d. Whi		20e. PLAC foctor	E OF INJURY (Home, forry, street, affice bldg., etc	m, 20f. (City o	or town)	(Cou	unty)	(State)
21. I certify that I attended alive an 20 Cycil  ACTUAL SIGNATURE MIL JA  PHYSICIAN'S E M 14 H		20	death of	ccurred at 1/32, 601 WW		the causes of th	ind an the	date sta	e deceased
220. BURIAL, CREMATION, 226. DATE THE	REOF	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCATI	ON (City, town, o	or county)	(St	ole)
REMOVAL (Specify) RITIA  23. FUNERAL DIRECTOR'S SIGNATURE  MM . J. MAR	8 ult	Loudon F	But		Bar D BY REGISTR		STRAR'S SIGN	ATORE	

HEART TO STADRITUDE OF DEATH

APR 23 1958

**ADDRESS** 

04331

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO KOK Day Yeor 9 58 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. MARYLAND HOWARD INTERVAL RETWEEN ONSET AND DEATH 6 MONTHS 6 MONTHS PERFORMED? YES NO NO (County) (Stote) ADDRESS (Street, city or town, stote) DATE SIGNED 1-9-58 22d. LOCATION (City, town, or county) (Stote) RK CEMETERY BALTIMORE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

poge 10 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Truman Schwab Funeral Home

Frederick Road Baltimore 29 Md

offex

certificate

that

HTABO TO BEATHER OF DEATH

MANAGED FOR MANAGED BY AND MANAGED A

BURIAU V. S.

8361 11 A9A

DECENAED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04332 CERTIFICATE OF DEATH 4349 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Marvland Baltimore b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Reisterstown Reisterstown vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION hh8 Main Street LL8 Main Street YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) Russell H. Robertson DEATH April 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Dovs Hours Min. DIVORCED | Male White WIDOWED | 19 October 20 yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar fareign country) 12. CITIZEN OF WHAT COUNTRY? Biilder Maryland US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Max L. Robertson Martha Ellen Dunkle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address hh8 Main Street No Mrs. Helen B. Robertson 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3.8 **DUE TO** Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) SAL

20c. TIME OF INJURY Day. Year Haur 0. 0

20d. INJURY OCCURRED While Not while ot wark at work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

(County) (Stote)

21. I certify that I attended the deceased fram. alive an and that death accurred at

(Stote)

DATE SIGNED

that I last saw the deceased

ACTUAL

PHYSICIAN'S NAME (Type)

22d. LOCATION (City, town, or county)

REMOVAL (Specify) Burial

22a. BURIAL CREMATION, 22b. DATE THEREOF

22c. NAME-OF CEMETERY OF CREMATORY Saints

24a. REC'D BY REGISTRAR DATE APR 1 0 '58

24b. REGISTRAR'S SIGNATURE

M, from the causes and an the date stated above.

23. FUNERAL DIRECTOR'S SIGNATURE Burgee Funeral Home

3631 Falls Read

ADDRESS

Horace Y. Durgee Baltimore

0 VS A15 (4) 15M 9/55

FUNER, 3

pe prior should

filed with

sho

C þ

pup c

popers.

ofter

filled

puo

physician

offending

þ permit. duy

signed

puo burial-transit

Maye

a

offe

at 340 547				
	A STATE OF THE STA	COLUMN TO WE WANTED	British British	
	n bouncoid	30 001	n Sc	ru val
	Journal mark topic	j s	rija miak SAN	
r Line	ແລະເດ			
	E SOM PARTY	X leading	the Charles would	
	(i			9.544
1.30				realler.
	THE PERSON NAMED IN COLUMN AT A STATE OF THE PERSON AT A STATE OF THE P			THE REAL PROPERTY IN
				). <sub>2</sub>
				merre suns er etto cran en li apploino en er vel vela ergela arten
	es no est este a matricular simulative in a			
overlog .				THE RESERVE
.V IIAngrie				pit young tirty
SSSI SI APA	o not mad UN_ * to Reywood.			
COST OI SQA				
TARTOSTA			THE LAW!	Superior .
न । । । । । । । । । । । । । । । । । । ।		STREET CHAPTER		And the second
ال علم السال المالية الا المنطق			10, 15	NAME OF TAXABLE
The Call Ale Fully let some			0 10 11	

VS A15 (4) 1SM 10/57

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4229 **CERTIFICATE OF DEATH** 

04333

	Reg. Dist.	No.
o. COUNTYBRATO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Md. b. COUNTY Balt	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  APOULUS  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and giv	e nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4200 Hooper Ave.	d. STREET ADDRESS 4200 Hooper Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ella Gertrude Romans	Lost 4. DATE OF APRIL	17 1958
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	The state of the s	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewire	USTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZI  Balto.	EN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frederick W. Niehoff	Mary E. Young	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dates of service)  NONE  17.	William M. Romans 4200 Hoo	per Ave.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Jangels	u, both feet	INTERVAL BETWEEN ONSET AND DEATH 2 Months
Canditions, if any, which) (b) Carterios	- elevsis	.7
gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (c)  Diabetes	: mellitus	> '
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CO	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter nature of injury in Part 1 ar Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while at wark at wark	PLACE OF INJURY (Hame, form, 20f. (City or town) (Conactory, street, affice bldg., etc.)	unty) (State)
	the scourced at 10230 M, from the causes and an the	
ACTUAL SIGNATURE DELINAL Laughlin	M.D. 4508 Educ ondson Vil	DATE SIGNE
PHYSICIAN'S D. C. McLaughlin		0 '1
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4-21-58 Loudon Pa	OR CREMATORY 22d. LOCATION (City, town, or county)  RPK Cemetery Balto, Md.	(State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECID-BY REGISTRAR 246 REGISTRAR'S SIGN	ATURE
Howard H. Hubbard 4107 Wilke	ens Ave DATE	

.ev/ dagoell 0094

Present W Metre berry

ACCRECATE OFFICE SERVER

ADDO Meoper Ave.

matth Year and a

Militan M. Sounna 4200 Hooper Ave.

APR 18 1973

Balto.

Loudon Park Camatery Howard H. Rubbard \$107 Wilkers Avel-

nowers D. C. Molestelling

2007	Reg. Dist. No.
o. COUNTY Galtentice MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
BOTY OR TOWN (If outside corporate limits, write RURAY and give nearest town)	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOUSE IN PINES	2637 Logola Morthway e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)  First Midd  POSE	SUBIN 4. DATE Manth Day Year OF DEATH April 29 1958
SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARI	lost birthedy) Months Days Hours Min
Oa. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS dyring most of warking life, even of retired)	OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	14. WOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (If yes, give wor or dates of service)	NO. 17. MFORMANT Address
18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), ond (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ACUTE  DUE TO  Conditions, if any, which )	IONSET AND DEATH
gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO  i d be	tes Mellitus
Hypertensive Cardiovaseular	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?  YES \( \subseteq 10 \) NO \( \subseteq 10 \)
	OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while at work at work at work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State factory, street, office bldg., etc.)
21. I certify that I attended the deceased from Manalive an April 29 1958, and the ACTUAL SIGNATURE.	at death accurred at 10:30 PM, from the causes and an the date stated about the stated abou
PHYSICIAN'S SAMUEL VITOMPI  120. AURIAL CREMATION, 1226, DATE THEREOF 1227 NAME OF CE	AKOV, M.D.
Muchalin 4-Jo-18 Kose	EMETERY OR CREMATORY  22d. LOCATION (City, tawn, ar county)  (Stote)
ADDRESS HE 2100 Ente	DATEAY 1 '58 OR OR OR

eral director, id be filed with deoth. Page 4 D FUNERAL DIRECT After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be defacted for use as the buriot-transit permit. Then please remove carban papers. Pages 1 and 2 shout the registrar prior ta buriot, cremation, or remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofte? haspital or ottending physician. 

TE OF DEATH	ASRITION			
	THE CONTRACT OF THE CONTRACT O			
State of the state		1		
			東記	
			A COLUMN TO	
File C	THE RESERVE TO THE PERSON OF T	3,	V 5	

# chaspital ar attending physicion. After this certificate has been signed by the attending physicion and campletely filled in by the ached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shoul burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer

TO FUNERAL DIRECT. After this certifical page 3 shauld be defached for use as the the registrar priar to burial, cremation, an

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4351

04335

Reg. Dist. No.

b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  Northwind Road  o. STATE  Maryland  b. COUNTY  Baltimore  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  X  Glen Arm  d. STREET ADDRESS  ON A F  YES   ON A F  OF  Month  Day Ye  DECEASED  A  DATE  Month  Day Ye	ARM?
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  OR A First  Middle  A  Middle  Lost  A  Morthwind  A  Morthwind  A  Morthwind  A  Middle  Lost  A  Day  Ye  OF  Month  Day  Ye	ARM?
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Northwind Road  Jd. STREET ADDRESS  Box 341  Northwind Road  3. NAME OF DECEASED  Middle  Lost  4. DATE Month Day Ye OF	ARM?
OR INSTITUTION Northwind Road Box 341 Northwind Road VES S  3. NAME OF DECEASED  A Box 341 Northwind Road VES S  OF Month Day Ye	ARM?
DECEASED AN OF OF	40 []
(Type or print) //Vr. John Edward Sachs DEATH April 30ths	-0
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years lost birthday) Months Days Hours	24 HRS.
male white WIDOWED DIVORCED July 9, 1880 Jost Birthday) Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT C	OUNTRY?
Retired Blacksmith Baltimore, Maryland USA	
13. FATHER'S NAME	
Theodore Sachs Elizabeth Young	
1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
(If yes, give wor or dotes of service) 212-07-9304 Mr. Robert Warfield, same	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETY ONSET AND D	
PART 1. DEATH WAS CAUSED BY: Darcinoma, Proskake with	LAIT
DUE TO 1	
Conditions, if ony, which) (b) Generalized metastasis	
gave rise to immediate Dur To	-
couse (a), stating the <u>under-</u>   lying couse lost.   (c)	
	TOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VED3
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	40 LJ
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	154-4-1
Hour o. m. While Not while factory, street, office bldg., etc.)	(State)
21. I certify that I attended the deceased from april 15, 1957, to april 30, 1958, that I lost sow the deceased from april 5, 1957, to april 30, 1958, that I lost sow the deceased from april 5, 1957, to april 30, 1958, that I lost sow the deceased from april 5, 1957, to april 30, 1958, that I lost sow the deceased from april 5, 1957, to april 30, 1958, that I lost sow the deceased from april 5, 1957, to april 5, 1958, that I lost sow the deceased from april 5, 1958, that I lost sow the deceased from april 5, 1958, the ap	eceased
alive an up. 30, 1958, and that death accurred of 94 FM, from the causes and an the date stated	
ADDRESS (Street, city or town stote) DATI	E SIGNED
SIGNATURE relian farmey MD. 7101 Harpord Rd. 4/3	0/58
PHYSICIAN'S Nathan Llanney Baltimore, Maryland	
NAME (Type) / VU / THU DE LOCATION (City, lown, or county)  220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, lown, or county)   (Stote)	
PAME (Type) / CC / TOC / Baltimore, Maryland  220. BURIAL, CREMATION, REMOVAL (Specify)  220. DATE THEREOF   220. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town. or county)   (Stote)	tion date tops tops up to
NAME (Type) / W / THE PARTIES   DALLEMOTE, Maryland     220. BURIAL, CREMATION,   226. DATE THEREOF   226. NAME OF CEMETERY OR CREMATORY   226. LOCATION (City, lower, or county)   (Stote)	

		1000	
		7.0	
		The state of the s	
•			

death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4352

**CERTIFICATE OF DEATH** 

Pag Dist No

04336

1. PLACE OF DEATH
RURPHOND give neorest lowed  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  ANAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street oddress)  J. NAME OF DEATH (If not in hospital, give street, give
3. NAME OF DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT III. BEATH WAS CAUSED BY: IMMEDIATE CAUSE (b). DUE TO Conditions, if ony, which gove rise to immediate couse (c), stoling the under-lying couse lost. (c).
DECEASED   Conditions, if only, which gove rise to immediate   Due TO   Conditions, if only, which   Out TO   Due TO   Out To
10a. USUAL OCCUPATION (Give kind of work done during night of working life, iven if refired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or bareign country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER' NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DIFFEASED EVER IN U. S. ARMED FORESS   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and its.]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and its.]   19. Conditions, if any, which gove rise to immediate cause (a), stoling the under-lived (b)   19. Conditions, if ony, which lying couse lost.   (c)   (c)   (c)   (d)
13. FATHER NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. of yishnown)  18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (c), stoling the under-lying couse lost.  (c)  14. MOTHER'S MAIDEN NAME  21. DEATH  Address  Address  Address  Address  INTERVAL BETWEEN  ONSET AND DEATH  S WWW.  DUE TO  (c)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. of yishown) (If yes, give wor of dotes of service) 215-03-8112D Norman Scharfur-403 antical arc.  18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  (b)  DUE TO  (c)
(Yes, no. of Johnson)  (If yes, give wor addotes effervice)  215-03-81125  Norman Scharfur -463 Central Care.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (b), stating the under-lying couse lost.  (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under-tying couse lost.  ONSET AND DEATH  OUT ONSET AND DEATH  ONSET AND DEATH  OUT ONSET AND DEATH  ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.  (b) Whithin J M (b) Commediate (c)
lying couse lost. (c)
PERFORMED? YES NO
The second was a s
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of wark 19 to war
21. I certify that I attended the deceased from 30 NW, 1940, to 25 NW, 1955, that I last saw the deceased alive on 23 NW, 1955, and that death occurred at 130AM, from the causes and on the date stated above.
ACTUAL SIGNATURE NUMBER STORED BANK BANK BANK BANK BANK BANK BANK BANK
PHYSICIAN'S HOWKED GOODMAN BULL BMd.
220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY Control
28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECT VS A15 (4) 15M 9/55

HTARO SO STADESTREE - Constinue Marinenda The Burnie Certemande 43 Central Cine. Horse in the Fine toharful april Lophus 61.23/884 73 Lenale Halite Balto Ind. Unknown 215-63-81120 Norman Scharfer 403 articlar BUREAU Y. 9361 OE 89A

ECENTER

House 5/1/58 Collins limiting ble C Milliam Haras E Chiers

TRIBATION ENGINEER LATERAL RE

BUREAU V. S.

8561 9; ad.

A REDENA

Dr. Guerin advised, Code Suicide

BUREAU V. 2

8361 81 APA

Branch Br

executed within 24 hours after death; Page 4

	4355 CERTIFICATE OF DEATH Reg. Dist.	No.
M	PLACE OF DEATH  a. COUNTY  Baltimore - MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence o. STATE Md, b. COUNTY Baltimore)	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)	nearest town)
00	d. NAME OF HOSPITAL (If not in hospital, give street goddress) OR INSTITUTION Ers Willer	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Susan Ann Seitz, Month DEATH April	Day Yeor 2/ 195
	- WIDOWED DIVORCED Febr. 16, 1880 Joseph Months Do	
	0. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country)  12. CITIZE  TO USE W. T. C. T	SA.
IL	Lewis W. Daugheyty Sarah A. Wisson, was peceased ever in u. s. armed Forcess W. Social security No. 17. INFORMANT	
1,6,	an no of person (If yes give wer or dotes of service) Lawrence Seits Fercello	nd Md
	PART I. DEATH WAS CAUSED BY: Orkerosclerotic Alart Assesse	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which agove rise to immediate (b)	/
7	couse (o), stating the <u>under-live</u>   DUE TO	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Page 120d. INJURY OCCURRED While Not while of work at work 19 of work 19	nty) (Stote
	21. I certify that I attended the deceased from $3-27$ , 1958, to $4-21$ , 1958, that I los alive on $4-21$ , 1958, and that death occurred at $4/000$ M, from the causes and on the	t saw the decea
	ACTUAL LELIES Charanoff M.D. Mew Treel Arm la	PATE SIGN
/	PHYSICIAN'S Louis Schatanoff, M.D. New Freedom, York Co., Per	ın a.
22/	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote) /
1	Janial" 4/24/3 8. Waryland Line (em. Waryland Line	. WId.

HIA10	7.400
	to compare the compare to the compar
	Administration of the

	X
with	V
filed	
should be	M
ond 2	5
-	
Poges	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4356 CERTIFICATE OF DEATH

Reg. Dist. No. 04340

1. PLACE OF DEATH o. COUNTY Limore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. Taryland  b. COUNTY							
b. CITY OR TOWN (If outside carporate limits, write RURAL and give pearest lown) Fort Howard LD Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore							
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS  110 North Wolfe Street    Con A FARM?   YES   NO   NO   NO   NO   NO   NO   NO   N							
3. NAME OF DECEASED (Type or print) WALTER S. (Serier)	SERISIS  4. DATE Month Day Year OF DEATH April 15 19 58							
Male Colored WIDOWED DIVORCED	B. DATE OF BIRTH December 25,1885  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  Ship Building	Indiana U.S. A.							
George Serisis	14. MOTHER'S MAIDEN NAME Fannie Grane							
	Formant Address Lin. Rec., Vet. Adm. Hospital, Ft. Howard, Md.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  INFARCTION OF MYC	DCARDIUM INTERVAL BETWEEN DISEI AND DEATH 15 MIN.							
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO CORONARY THROMBOS  (b)  DUE TO  (c)	DIS 15 MIN.							
Suprapubic prostatic hypertrophy— 2 yrs. Suprapubic prostatectomy—3/21/58. Hydr 20s. Accident was unberlying [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 2. Right hydrocele— unknown dur. Performed? YES NO 2. Cocelectomy 1/10/58 No 2. (Enter nature of injury in Port 1 or Part II of item 18.)							
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tary, street, affice bldg., efc.)							
Adiva Lax XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	accurred at 1:48AM, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED							
PHYSICIAN'S NAME (Type) JOSEPH M. MILLER, M.D., Chief, S	urgical Service							
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF Bultimore Nat	CREMATORY 22d. LOCATION (City, town, or county) (State)							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Elroy Wilson Funeral Home, 1000 Brantley	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
Baltimore, Md								

SSEL ES APA LAREN AND MANAGEMENT OF THE STATE OF THE STAT

of Etherson we want to pro-

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEIC ATE OF DEATH

		4357	CERTIFICA	ALE OF DEATH	Reg. Di	st. No.
		PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	Beceased lived. If institutions Resider b. COUNTY	rice before admission)
)	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jawn)	TH OF STAY IN 16	d. STREET ADDRESS	e corporate limits, write RURAL and	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)  Grace	Middle S	haetter	DATE Month OF DEATH April	9 1958
	5. \$	6. COLOR OR RACE 7. MARRIED N	DIVORCED	Dec. 7.188	9. AGE (In years IF UNDER Months yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
)		USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even-if retired)  TO US CUI TC  FATHER'S NAME	Home	STRY 11. BIRTHPLACE (STOLE OF TO	town fail	TIZEN OF WHAT COUNTRY?
		Aquilla Edie		Unkn	own.	
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SI	ECURITY NO. 17. I	Harkield 2	Challer US	hite Hell My
		18. CAUSE OF DEATH [Enter only one couse per line for (a). PART I. DEATH WAS CAUSED BY:	(b). ond (c).]	101.	100	INTERVAL BETWEEN
		IMMEDIATE CAUSE (o) CO CO	man 17.	wanters		2 west
		Conditions, if ony, which gove rise to immediate couse (a), stoting the <u>under-lying</u> couse lost.				
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU-	TING TO DEATH BUT		DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in Port I	or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OC While Not at wark at wark at w	while for	ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	of. (City or town) (	County) (Stote)
		21. I certify that I attended the deceased from		, 195 b, to at		last saw the deceased
		ACTUAL Gom, 72,	and that death		ress (Street, city or town, state)	he date stated above.  DATE SIGNED
1		PHYSICIAN'S Dr. A. M. Fra	nce	Parki	ton, Md.	
	220	BURIAL, CREMATION, 22b. DATE THEREOF, BEMOVAL (Specify) 4/12/3	ME OF CEMETERY O	erty (em. )	LOCATION (City, town, or county)	1 d. (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDE	w Fire	dom, o DATE APR	REGISTRAR 24b. REGISTRAR'S SIG	GNATURE

may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the uneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A1S (4) 1SM 9/5S

M

00

Carlon La	TE OF DEATH	ADMITS CERTIFICA	
	** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** ***		
THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE			
		en e	THE STATE OF THE S
merchant on toldier Siletus			
A ULTSTEE	Const. 15		
NA TE 1828			
630.			
JE VINDELY			

1

G

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4358 CERTIFICATE OF DEATH

04342

		40	O O OLIKIII	IOAIL	OI DEAI	•		Reg. Dist.	No.	
1. PLACE OF DEATH	lto.		MARYL	11 0	SUAL RESIDENCE (M. STATE Md.	Vhere deceased	lived. If instituti b. COUNTY			ission)
								Balto		
B. CITY OR TOWN ( RURAL and give n	If autside corporate limi earest tawn)	its, write	c. LENGTH OF STAY IN	116	. CITY OR TOWN (IF	outside corpor	ate limits, write R	URAL and giv	ve nearest to	wn)
Woodla				W	oodlawn	X				
d. NAME OF HOSPI	TAL (If not in hospital, (	give street	oddress)		STREET ADDRESS	/			e. 15 R	ESIDENCE
1708 H	ill Drive			1	708 Hill I	Drive				□ NO □
3. NAME OF DECEASED (Type or print)	Fir <b>1.</b> TT,1.T		Middle O .	SHA	Last FFER	4. DATE OF DEATH	Mon	m ril	Doy 13,	Year 19 58
5. SEX	6. COLOR OR RACE	1	RIED MEVER MARRIED		TE OF BIRTH		9. AGE (In years	IF UNDER I		1/
	whi te	WIDOW			pt. 29, 18		lost birthday) 62 yrs.		Doys Hour	1
female	1 11 11 11 11		KIND OF BUSINESS OR	-				12 61717	EN OF WAL	AT COUNTRY?
during most of wor	king life, even if retired	)	KIND OF BUSINESS OR	INDUSIKI			unityj	12. CITIZ	EN OF WH	AI COUNTRY
Housew	ife		at home		Wisconsi					
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
Andrew	Johnson			A	nna Gesch	rind				
			SOCIAL SECURITY NO.	17. INFOR	TAAM	-1	Add	ess		
no	I'r yes, give war or adies at t	ervice)	none	Mr	J. Llove	d Shaff	er - 170	8 Hill	Dr.	
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTERVAL	BETWEEN
	TH WAS CAUSED BY:		Chronar	n Occ	levim				ONSET A	ND DEATH
11301	IMMEDIATE CAUSE (		0 0 000						J K	Lower
420.1	DUE TO	)							1000	
Canditions, if a		)(								
cause (a), stating		)								
lying cause last.	) (0	)(								
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
3	typerteur	vė.	Cardioras	cular	Disease					NO Z
PART II. OT	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Ent	er noture of injury in	Part I or Part	II of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. I	NJURY OCCURRED 2	Oe. PLACE C	F INJURY (Home, for	m, 20f. (City	or town)	(Co	unty)	(State)
20c. TIME OF INJUI Hour o. m. p. m.	19	While at war	rk at work	foctory,	street, office bldg., e	tc.)				
21. I certify th	nat I attended the	deceas	sed from 2-1	٥	, 1955 , to	4-13	1958	,that I la	st saw th	e deceased
alive on	3-26	19	and that o	death occ	urred at 4 P	M, fram				
	JAN 1		•				eet, city or Jawn,		4.	DATE SIGNED
ACTUAL	Sotut. XI	Masy	Rej	M.D.	401 4	MANDO	m ME	,	4.	-14-58
SIGNATURE	1	~	7	M.D.	5		. ^			
PHYSICIAN'S NAME (Type)	JOHN F.	56	HAEFER	M.D.	DAL	To. 29	) N(1	),	CD with CDs Con ada ada ada ada ag	
22a. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMET	ERY OR CRE	MATORY	22d. LOCATI	ION (City, town,	or county)	(51	late)
Remove			Parson	ts Cen		Pars				
23. FUNERAL DIRECTOR	'S SIGNATURE		/ (ADDRESS	and	240. REC	C'D BY REGISTR	AR 24b. REGI	STRAR'S SIGN	NATURE	
Jul.	· VERN	2017	sour-li	2all	DATE A	DR 1 5 '5	8 1112	- education	E BK	
7				N	1111					
				U	VU					

cheral director, old be filed with "-- Tth. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be refached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, I

TESS CERTIFICATE OF DEATH

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4359 CERTIF PLACE OF DEATH o. COUNTY filed Baltimore County MARYL b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY II RURAL and give negrest town) Towson after d. NAME OF HOSPITAL (If not in hospital, give street address) N. Charles Street pup 2. NAME OF First Middle filled within 24 (Type or print) I. Edna 6. COLOR OR RACE 5. SEX 7. MARRIED T NEVER MARRIED campletely WIDOWED T DIVORCED White requires that the death certificate be executed Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and carbon 13. FATHER'S NAME Arthur Small 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. within 72 attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: **DUE TO** þ Conditions, if ony, which has been signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OC MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. Not while of work of work p. m 21. I certify that Lattended the deceased fram,

and that a

22c. NAME OF CEMET

Cypress Hi

ADDRESS

IC/	ATE OF D	PEATH	1	H.		Reg. D	ist. No	434	13
AND	2. USUAL RESIL	PENCE (Why	ere decease		institutio OUNTY	on: Reside	nce befo	re odmiss	ion)
4 1b	c. CITY OR T	OWN (If o	utside corpo	orote limits,	write R	URAL and	give ne	arest fown	)
	55 Town								
	d. STREET A	DDRESS	harle	s Str	eet	Ave		e. IS RES ON A YES	FARM?
	los	1	4. DATE OF		Mon	th	Do	y	Yeor
	Shann	non	DEATH		Apr	il	2	2	19 58
П	B. DATE OF BIRTI			9. AGE (In		IF UNDE	RIYEAR		R 24 HRS.
	Dec. 4.	1878	3	79	hday)	Months	Days	Hours	Min.
	TRY 11. BIRTHPL	-		ountry)	-	12. CI	TIZEN C	F WHAT	COUNTRY
		York					J.S.		
	14. MOTHER'S						0.0.	EL 0	
17 #	Eloise	HULL			Addr		-		
		(-	77 37	a.				A	
W.I	R.Steven	5, 6	131 N	. Char	Les	Str	eet	Ave	
	0	1						ERVAL BE	
102	sculer	100	2000					34	20
							- 3	0	
		W 17				20			
			6-6			-			
								900	
H BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	ON GIV	EN IN PAI	RT 1(o) 1	9. WAS A	AUTOPSY RMED?
CURRE	O. (Enter noture of	f injury in P	ort I or Por	t II of item	1B.)				
Oe. PL/ foc	ACE OF INJURY (I	dome, form, bldg., etc.	20f. (City	y or town)			(County)		(Stote)
wil	2, 1957	to	ipril	221	058	that I	Inet er	w the	deceased
leath	accurred at.		PKI From						
Cuiti	decorred de		ADDRESS (S	treet, city o	r town.	stote)	nie da		TE SIGNED
		1111		20	16.	12	20	Y	122/14
				/X					
ch	at his	) _							
ERY O	R CREMATORY		22d. LOCA	TION (City,	town, a	r county)		(Stote	=)
.118	s Cemete	ry	Br	ookly	n,	New	York		
		24a. REC'E	BY REGIST	TRAR 24b	REGIS	TRÁR'S SI	GNATU	E	
tre	eet	DATE A	PR 2 5		-1 -	A ca			

may be retained by TO FUNERAL DIRECT TO HOSPITAL OR VS A15 (4) 15M 9/55

priar 3 should be

ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

4-23-58

William Cook, Inc., 1218 St. Paul Street

		AMANAGED STATES	
		ASP CHARGE	
		distribution .	where the community and the community of
The Charles	Leady M. Cab	AVA JURGES	and said to the said of the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Acon Mar		mad
	8781		Tender Visited
	New Yorks		
	Toles Sull		Times woulded
ava Jesetto kaj moto.			
al (1907) parliant system (1907)			
3			
BUREAU V. S			
8961 - 98188	on 1 M(2) The Late of Services of Late of Services		And an indicate that place [18]
DECENTE			
	nico (Mill) — (Miller II) Tin — Ym Deiller II Tin (Miller III)	e and servery	St. C
	J. 15 mg 31	7 1 1911	estima Copis, Kne., ke

1		4360 CERTIF	CATE OF DEATH Reg. Dist. No.	04344
5	1.	PLACE OF DEATH a. COUNTY  MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before co. STATE b. COUNTY	admission)
	-	Baltimore	Maryland	
7		b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest lown) FORTH HOWARD  9 DayS	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	t lown)
			Baltimore 3 Vol-4	<b>√</b>
50		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		IS RESIDENCE ON A FARM?
		Veterans Administration Hospital		ES NO
	3.	NAME OF First Middle DECEASED (Type or print) JOHN	SINGLETARY  4. DATE Month Doy OF APPLI 2:	Year 1 1958
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
		Male Colored WIDOWED DIVORCED	last birthdoy)   Months   Dove   H	lours Min.
	100	D. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR	- AUTIL 1. LUYO LUO MILLI	A/MAT COUNTRY
	F	during most of working life, even if retired) Burner	Savage, S. Carolina U.S.	
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	A.
		William Singletary	Unknown	
	100			
1	(Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  15. no. or unknown) (If yes, give wer or doles of service)	17. INFORMANT Address	,
	1		Clin.Rec.Vet.Adm.Hospital,Ft.Howard, M.	a.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERV	AL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MILTARY TUBERO		KNOWN
		002 X DUE TO		
		Canditians, if any, which ) (b)		
		gave rise to immediate cause (a), stating the under-		
		lying cause last. (c)		
	ON N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY
0	CATION			PERFORMED?
	CERTIFI	20a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature af injury in Part I or Part II af item 18.)	
	MEDICAL	Hour a.m. While Not while	e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) factory, street, affice bldg., etc.)	(State)
	×	p. m. 19 at wark at wark		
		21. I certify that ottended the deceased from April	12 , 1958 , to April 21 , 1958 XXXXXXXX	XIXXXXXXXXX
	1		eoth accurred at 1:45AM, from the causes and an the date	
			ADDRESS (Street, city or town, state)	DATE SIGNED
		SIGNATURE Whaham a bolacher	M.D	1,/27/58
1			7.7.	-44-571-76
		PHYSICIAN'S NAME (Type) ABRAHAM/POTACHEK M D Actir	Chief, Medical Service	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET		(State)
		REMOVAL (Specify)		(Sidie)
1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 270 REGISTRAR'S SIGNATURE	
X	E	lroy Wilson Funeral Home, 1000 Brantl	100000000000000000000000000000000000000	
			o.Md.	
		Ha I		

HYARD RO STADENTS OF DEATH

have been been a facilities, and to be a street management

BUREAU V. S.

अप्र ३९८ १९८९



death! Page 4

D FUNERAL DIRECT.: After this certificate has been signed by the attending physician and completely filled in by the cherch director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 pours offer death.

may be retained by the hospital or attending physician.

TO FUNERAL DIRECT.: After this certificate has been si

SET POPULATION OF THE POPULATION OF THE PURISH OF THE PUR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4361 CERTIFICATE OF DEATH

Reg. Dist. No. () 4345

1. PLACE OF DEATH o. COUNTY	BALTIMORE		MAR	rland	o. STATE	SIDENCE (WA		d lived. If instituti b. COUNTY	on: Reside	nce befo	re admiss	ion)
b. CITY OR TOWN (I RURAL and give of TOWSOI	f outside corporate limits, verest town)	vrite	C. LENGTH OF STAY	IN 1b	c. CITY O			prote limits, write R	URAL and	give ned	rest town	)
	AL (If not in hospitol, give	VE.	ddress)		d. STREET	ADDRESS RIDGE	AVE.		V.			DENCE FARM? NOX
3. NAME OF DECEASED (Type or print)	First EDWARD	M.	Middle			ost	4. DATE OF DEATH	Mon		Do.		fear
5. SEX	6. COLOR OR RACE 7.	MARRIE	ED TNEVER MARRI	ED 🔲	B. DATE OF BI	RTH	, Jeann	9. AGE (In years lost birthdoy)				R 24 HRS. Min.
male	HILL OC	DOWED			July			79 yrs.				
Steam Fitt  13. FATHER'S NAME	ON (Give kind of work done king life, even if retired)  Cer Helper	10b. K	Steam F		ng M	arylar R'S MAIDEN N	IAME		US		F WHAT	COUNTRY?
John S					Pric	illa	???					
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service		OCIAL SECURITY NO	). 17. IF	IFORMANT			Add	ress			
no	none	2]	16-10-48	95	Mrs B	arbara	sla	cum 234	Ric	lge	Ave	Tows
Conditions, if o gove rise to i couse (o), stoling lying couse lost.  PART II. OTH	the under (c)			ATH BUT		TO THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PA		PERFO	
	MEDICAL EXAMINER)											
Y 20c. TIME OF INJUR Hour o. m. p. m.		20d. IN. While of work	Not while of work	foc	CE OF INJUR' tory, street, of	f (Home, form fice bldg., etc.	, i 20f. (City	y or town)		(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nt lattended the de 15, nthony F Nutrony F	195	-5/	1	12_, 19_5 accurred a			n the causes of yeet, city or town, or K	and on		le state	deceased ad abave. ATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	April 19	194	22c. NAME OF CEM			Cemt		TION (City, town,	Marx	rlani	(Stote	•)
23. FUNERAL DIRECTOR	s signature	· p	ADDRESS			DESCRIPTION OF THE PERSON OF T	BY REGIS		STIPAR'S S	GNATU	E	7 1 1 1

Vbs IS ideo

HTASO TO STADISTRED LOSS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04346 4362 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE iled b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED 4 First Middle Last DATE Month Day Year (Type or print) DEATH 19 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED last birthday) Manths Days Hours Min. WIDOWED [ DIVORCED T papers. 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dering most of working life, even if retired) pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 hours s 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OS 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while ot work at work , 19**52** that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED. ACTUAL shauld PHYSICIAN'S NAME (Type)

TO HOSPITAL OR ATTENDING May be retained by the hos TO FUNERAL DIRECT Aft.

TO FUNERAL DIRECT Aft.

15M 9/55

puo

physician

220. BURIAL CREMATION.

DEMOVAL (Specify)

220. DATE THEREOF

221. NAME OF CEMETERY OR CREMATORY

222. NAME OF CEMETERY OR CREMATORY

223. EUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR'S SIGNATURE

DATEADR 2 3 158

8381 88 AAA

VS A15 (4) 15M 10/57

I

CERTIFICATE OF DEATH

a. COUNTY B	alte.		MARYLAND	2. USUAL RESIDENCE (			nce befare admission)
St. Denr	nis		IGTH OF STAY IN 16	c. CITY OR TOWN (I		nits, write RURAL and	give nearest town)
d. NAME OF HOSPI OR INSTITUTION	1728 R1			d. STREET ADDRESS	River Re	1.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Marga		Sm1 th	Last	4. DATE OF DEATH	Month April	22, 1958
5. SEX Female	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED   DIVORCED	6-29-189	93 61	E (In years birthday) Manths yrs.	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
during most of wor	ON (Give kind of work rking life, even if retired DUSCWIFE	dane 10b. KIND C	OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (SIG	te ar foreign country)	12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	hn Tuden			14. MOTHER'S MAIDEN			
15. WAS DECEASED EVI [Yes. no. or unknown]	ER IN U. S. ARMED FOR (If yes, give wor or dates of	CES? 16. SOCIAL 220-	SECURITY NO. 17.	INFORMANT Almer	H. Smith	Address 1728 R	liver Rd.
Canditions, if a gave rise to it cause (o), stating lying cause last.	the under-	Po m	lmon ronay Lyoca	Occ le	nho Infa	c ction	ONSET AND DEATH
CATIC	HER SIGNIFICANT CON			T NOT RELATED TO THE TER			PERFORMED? YES NO
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)						
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	While No	at while wark	LACE OF INJURY (Home, for actory, street, affice bldg., a	etc.)	vn) (	(County) (State)
21. I certify th	pat-lattended the	0/		1955, to		causes and on	last saw the decease the date stated abov DATE SIGNE
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	John T	John C.	. Healy	M.D	le U	JE)	Med 4/27

.521m2 St. Dennie the court aver

. As de ting tak

A T

3 7722

THE BIVER RUL

Alaer A. Train

Eal Co.

1955 EE, 1953

BUREAU V.

858 1958

. I.b. J warvier.

, mad as birthoback

Howard M. Hubbard 4107 Williams Ave.

. Dr. fein D. Harly

obligation.

John Inden

04348

. IS RESIDENCE

Day

ON A FARM?

YES T NO T

Year

10

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TI NO T

> > (Stote)

(State)

and that death accurred at 5115 a.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ZC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Woodlawn

24a. REC'D BY REGISTRAR DATE APR 2 2

246 REGISTRAR'S SIGNATURE

TO HOSPITAL 0 VS A15 (4) 15M 9/55

prior 0

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. EMNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREO

ined by DIRECT

FUNERAL

8361 ES 99A

BTURNOMINED STATE DEPARTMENT OF MELLEFT-BURNOMS ITS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04349

. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO THE

> > (Stote)

DATE SIGNED

(Stote)

Days

(County)

Reg. Dist. No.

Balto

Months

	CATE OF DEATH		
		out make	
	The second section is a second		
			Distriction of the Control of the Co
	Total Control		
8381 6 Aq. V UANAITA			salt palarette (1 tot) service k (5 tot) prince k (5 tot)
BECEINE	AND THE RESERVE OF THE PARTY OF	and a per al	Martin State of the Control

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04350

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 7

(Stote)

DATE SIGNED

(Stote)

Doy

YES NO

Yeor

19 58

death certificate requires that the 0

HTASO TO STADISTICATE OF DEATH

HTEATE OF DEATH

BUREAU K.

8261 62 A9A

DECENED

1960 at 1960 a

-

O THE STATE OF

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4366 CERTIFICATE OF DEATH

04351 Reg. Dist. No.

M	1
INTS	1

has been signed by the attending physician and completely filled in by vial-transit permit. Then please remove carban papers. Pages 1 and 2 mavol, and many event within 72 haurs ofter death.

page 3 should be d TO HOSPITAL OR

VS A15 (4) 1SM 10/57

a. COUNTY Balti	more		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	/here deceased li	h COUNTY	Residence b		ssion)
	If outside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporat	e limits, write RU	RAL and give	nearest tow	vn)
_	imore		35 vrs.	X Baltimore					
d. NAME OF HOSPI	TAL (If not in haspital,	give street		d. STREET ADDRESS				e. IS RE	SIDENCE
OR INSTITUTION	Hazelwood	o Coi	arit.	6505 Haze	elwood C	ourt			A FARM?
3. NAME OF		rst	Middle	lost	4. DATE	Month			Year
(Type or print)					OF DEATH			Day	
5. SEX	Howard	7		palding 8. DATE OF BIRTH			1958		10 ED 24 MBC
Male	White	WIDOW		12-27-1897		lost birthday)	Manths Day		-
212-12-0	111111111111111111111111111111111111111	1	KIND OF BUSINESS OR INDU		and faccion accus	713.	112 CITIZEN	N OF WHAT	T COUNTY
during most at war	king life, even if retired	1)							COUNTR
Guard			Glen Martin Co			Md.	U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
How	ard J. Spal	ding		Pattie	Nichols				
15. WAS DECEASED EVE	R IN U. S. ARMED FO	CES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Addre	33		
No	( , , , , , , , , , , , , , , , , , , ,		218-18-5275 M	rs. Nettie Sp	palding	6505 Haz	elwood	Cour	t
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne far (a), (b), and (c).]					NTERVAL BI	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	. (.	oronzer Oc	clusian			C	DNSET AND	D. DEATH
420.0	IMMEDIATE CAUSE (c	')	0,047-4	· IVAIVA				1 -3	14,
Can distance 16			terios elevot	ic Heart	n:			~ ~	
Canditions, if a gave rise to i	mmediate (	)	Chior Cleby a	1 // der	Wes	e42 B -		0 /69	des,
cause (a), stating	the under-	)							
lying cause last.		)						T	
O PART II. OII	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 1(c	PERFC	ORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II	of item 18.)			
20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye	While		ACE OF INJURY IHame, forr tary, street, affice bldg., etc	m, 20f. (City or	town)	(Coun	ity)	(State
21. I certify th	at I attended the	decens	ed from FE3 4	1955, to	APRIL 2	5, 1958	that I last	sow the	deces
alive on A	-P21L 25			accurred at 7:43 A					
anve on	1	,	, and mar deam	accorred dilling		et, city or town, st			ATE SIGN
ACTUAL SIGNATURE	fine R.	me	men. Md.D.	M.D					
PHYSICIAN'S NAME (Type)	James R. M	ason,	M.D.						
220. BURIAL, CREMATIC		)F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	N (City, tawn, ar	county)	(Sto	ite)
REMOVAL (Specify)	5-1-1958	3	Loudon Pk	Tomot on-	Balt		1 -	1	
23. FUNERAL DIRECTOR		1,	ADDRESS	Cemetery 24a. REC	DE REGISTRA		RARS/SIGNA	DORE	
Jamak	intim!	Long	8 74N REL	is Rd. DATEAD	III DO II	10001	a deced		
- Windy	I CAUN A F	THURA	119300	UN IN CALLER	W 9 0 30		- KANANI V		

AARPLAND STATEDEFARTMENT OF HEALTH- SALTUND

BUREAU V. E.

8381 OE 994

DECENTED

P

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4367 CERTIFICATE OF DEATH

04352

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16 c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 00 ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Year Day DECEASED (Type or print) DEATH 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. GOLOR GR RACE 7. MARRIED NEVER MARRIED 8-DATE OF BIRTH 9. AGE (14 years hday) Months Days Min. WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriescleretic Cardie- Vascular Disease DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m While Nat while at work at work April 19 58 that I lost sow the deceased 21. I certify that I ottended the deceosed from April 24 , 1956 , to , and that death occurred at A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 1 Mallew Hill Ave., 4/15/58 Baltimere 29. Maryland. PHYSICIAN'S NAME (Type) Gaver. M.D. Lao 229. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county (Stote) REMOVAL (Specify) ADDRESS 23) FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

GERTHICATE OF DEATH

as an all the latest the first and one lead to be and

BUREAU V. S.

6361 41 607



-

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY . MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF-STAY IN 16 c. CITY OR TOWN (If outside corperate limits, write RURAL and give nearest town) and divergerest town Lains destown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give threet address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Buch ā entellowillo YES TO NO P NAME OF DATE Last Month Year Day DECEASED (Type or print) DEATH 19 2 5. SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED 7. B. DATE OF BIRTH 9. ACE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | -DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY foliaren country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) wharing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 12-INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 12216 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCUMRED 20g. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While While 200k 19 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry XI, and find that death resulted from: Natural causes X, Accident . Suicide | Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 orwarded t ASSISTANT MEDICAL EXAMINER cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) EMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR () 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED

8381 91 A9A

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH o. COUNTY Page b. COUNTY O. STATE Health, MARYLAND Virginia Ral timore b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) a Halethorpe New Port News d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) retained for d. STREET ADDRESS fair fair Baltimore-Washington Expressway. lelay is r funeral death. 3. NAME OF DECEASED 4. DATE Middle Lost Month OF DEATH SWEENIE April GEORGE (Type or print) pe 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9. AGE (in years with Colored WIDOWED [ Male DIVORCED death. 50 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B Page during most of working life, even if relired) Truck driver within 24 hours after in Item 1B. Give Pages 1, ce along with form PM3. Pansit permit. File pages 1 poges 13. FATHER'S NAME 14. MO Arthur H. Swennie 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMA It! yes, give war or dates of service in one Watso 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] per PART I, DEATH WAS CAUSED BY: Crushing Injury of Che IMMEDIATE CAUSE (o) burial-transit Office 816X Thoracic Aorta. . 44- 41-48 ° Conditions, if ony, which gave rise to immediate couse Chief Medical Examiner's should be ween 20 DUE TO (a), stoting the underlying couse lost cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Chief Med Driver of tractor trailo MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF IN Month, Day, Year factory, street Not while riffing to the Page 3 of work of work 21. I certify that Look charge of the remains described above, he opinion deoth resulted from Natural eduses Accident 3 4 shauld be farword TO FUNERAL DIRECT designated ACTUAL SIGNATURE EXAMINER'S Paul F. Guerin. NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO REMOVAL (Specify) 5 4-19-58 Diggs Chanel

**ADDRESS** 

4107 Wilkens Ave.

23. FUNERAL DIRECTOR'S SIGNATURE

Howard H. Hubbard

VS. AISME

5M 2/57

04354

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

58

Reg. Dist. No.

16

IF UNDER TYEAR IF UNDER 24 HRS.

1-10			1.3	yrs.	Monnes	Days	110015	Willia.
		foreign cou	intry)		12. CI	TIZEN (	OF WHAT	COUNTRY?
THER'S MA	nnie							
n Kir	ng R	ocking	_	Address N.C				4
st w	ith T	ranse	ctio	n of			ERYAL BETV. SET AND DI	
ED TO TH	E TERMIN	AL DISEASE (	CONDITI	ION GIV	EN IN PA	RT 1(a)		AUTOPSY ORMED?
r whi	lch r	or Port II of an int 201. (City o	to ba	-		ounty)	ves z	
eet		Hale			Bal	Ltin	ore	Md.
vicide [	], н	micide [				· ha	ner 🔲	signed
SSISTANT	MEDICAL	EXAMINER	53			1	1/16/	58
EPUTY ME	EDICAL EX	AMINER [						
ORY	1	Rocki	Till		or county)		(Sto	te)
	o. REC'D	BY REGISTRA	AR 24		STRAR'S S	IGNATI	JRE	
				Solonia.	+	W A		

E / 1 27 0 1 80

thing of tractor resting which can the back of more in the oil.

To spill a supply a significant transfer to terrific and a significant transfer to

\* 5 to 10 to

ECETIVA

8381 71 A9A

04355

e. IS RESIDENCE ON A FARM?

YES NO TO

19

Rea. Dist. No.

Baltimore

15

IF UNDER TYPAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Melvin D. Tanner, 311 Apt. A. Wise Ave. Tracheobronchitis with Bronchopneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES TO NO [ (Stote) (County) 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection ... Inquiry | and in my Accident , Suicide , Homicide , Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) timore TO MO. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home 2112 Dundalk Ave. APR 2 1 '58

VS. AISME 5M 2/57

& 83EL IS A9A

THE RESIDENCE OF THE PARTY OF T

ATTACH CONTROL OF THE 





both. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4200 CERTIFICATE OF DEATH

-		Reg. Dist. No.							
N	1. PLACE OF DEATH a. COUNTY ALTO MARYLA	07616							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	53 DUNDALK							
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (IF not in hospital, give street address)	3435 MBIERTY YKNY C. IS RESIDENCE ON A FARM?							
	3. NAME OF DECEASED (Type or print) ULED   Middle   MILLI AM	4. DATE Month Dear Pear DEATH 4/19/58 Day Year 19							
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	101 MAR. 5,1886 72 yrs. Months Days Hours Min.							
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?							
	BENJ WILLIAMS	14. MOTHER'S MAIDEN NAME ELIZ. HOLLAND							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give war or dates of service)	HARVEY R. TATE - SHME							
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if only, which	Hemanhage Interval Between ONSET AND DEATH Sucer							
	gave rise to immediate cause (a), stating the underlying couse last.	Lecreus sites, (1)							
0	CATI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
		URRED. (Enler nature of injury in Port I or Part II of item 18.)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour a. jr. 19 While Not white at work at work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  (County) (State)							
1000	21. I certify that I attended the deceased from 195, to 4, that I last saw the deceased alive on 195, and that death occurred at 1, M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED								
1	PHYSICIAN'S TOACK COULINS	Bact 22 mol							
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY 22d. LOCATION (City, Jown, or county) PENNA							
	23. FUNERAL DIRECTOR'S SIGNATURE LOCALLY ADDRESS	Lolf MATE 2 1 58 246. REGISTRAR'S SIGNATURE							

IS APA

CERTIFICATE OF DEATH

00

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

L		4369	CERTIFIC	ATE OF DEAT	Н	Reg. Dist.	No.
1.	PLACE OF DEATH O. COUNTY  BALTIMO	RE	MARYLAND	o. STATE	there deceased lived. If in b. COL		efore admission)
L	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest fown)  CRTONSVILLE	11	2 MON.	TEM	outside corporate limits, w	E YILL	8
L	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION 105 Osbor			d. STREET ADDRESS	TE 13	83x-3	e. IS RESIDENCE ON A FARM? YES NO D
	NAME OF DECEASED (Type or print)  A GNE	s HI	ARTMA	N TAYLOR	4. DATE OF DEATH	Month	Doy Year 10 19 5 8
	FEMALE WAITE	WIDOWED	DIVORCED	8. DATE OF BIRTH	9-	lay) Manths Day	FAR IF UNDER 24 HRS.  YS Hours Min.
1	On USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) HOUSE WIFE	one 10b. KIND OF	BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State	e or foreign country)	12. CITIZER	OF WHAT COUNTRY
	JACOB HAR	TMAI	V	SALL	Y NOR	THAN	1
	5. WAS DECEASED EVER IN U. S. ARMED FORC (fs. no. or unknown) (If yes, give wor or dates of set		SECURITY NO. 17	DA49LTER	-GRACE WE	Address HNER	CHTONSULL
	18. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c).		. /	Rotie C.	V. P		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) (b)						
	gove rise to immediate cause (o), stoting the <u>under</u> .  lying cause last.  (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBU	UTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(c	PERFORMED? YES NO
		20b. DESCRIBE HC	OW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of item 18	.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour a. j., p. m.	While _ No	CCURRED 20e.	PLACE OF INJURY (Home, far factory, street, office bldg., et	m, 20f. (City or town)	(Cour	ity) (State)
	21. I certify that I attended the alive on 92-69	deceased from		ov , 19 4 3, to th occurred at 12 3	AL ARTHUR		saw the deceased
	ACTUAL SIGNATURE	Non	had	MD. 3325 Fope	ADDRESS (Street, city or to		DATE SIGNED
	PHYSICIAN'S T. C. Po	MAND					
R	20. BURIAL, CREMATION, 226. DATE THEREOU 4-10-58	_	AME OF CEMETERY IN W. Tayl	OR CREMATORY or Memorial	Belle Have		(Stote)
	William Cook, Inc.,		Paul Str	eet 240. REC	APR 1 '58 24b.	REGISTRARYS SIGNA	WRE 9

NO IDMENTER STATE BEHALF, CHE Country of the Countr the second of th APR II 1958

A STATE OF THE STATE OF T

eath. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

tached far use as the burial-transit permit.

may be retained by the TO FUNERAL DIRECTO page 3 should be de

VS A15 (4) 15M 9/55

the registrar priar to burial, crematian, ar remayal, and in any

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4370 CERTIFICATE OF DEATH

2000				Reg. Dist. No	)
1. PLACE OF DEATH O. COUNTY	MARYLAND 2. U	JSUAL RESIDENCE (When	re deceased lived. If institu		ore admission)
10 (117700 F		1777-416	zna	Hartore	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	F STAY IN 16	CITY OR TOWN (If out	tside corporate limits, write	RURAL ond give ne	arest town)
Regester, ave, Stonleigh four	Months	Sattett	SVILLE	12 x - 2	4
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Atmacost nureing Home					YES NO
3. NAME OF DECEASED (Type or print) Ida Virginia Ta	Middle U/Or	Last	4. DATE OF DEATH Of T	onth Do	y Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED   B. DA	TE OF BIRTH	9. AGE (In year		R IF UNDER 24 HRS.
Female White WIDOWED DI	IVORCED   7	124 4 1/18	62 Ost birthday		Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or	r foreign country)	12. CITIZEN	OF WHAT COUNTRY
House Wife and at hon:	10	Tabletton	110 med	US	A
House Wife arhon:		MOTHER'S MAIDEN NA	116 771a	100	-1
WM Bosley Jarrett		Mary Vii	191711A C	althe	5
15. WAS DECEASED EVER IN U. S. AKMED FORCES? 16. SOCIAL SECUR	TITY NO. 17. INFOR	MANT /	, Ac	ddress	
(Yes, no, or unknown) (If yes, give wor or dates of service)	Cha	rles Hi	1a4/64	JaHETI	5V1116 M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b),	ond (c).]		n	INT	ERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CEREBRA	ah Va	scuhar	Accordent	/ ON	SET AND DEATH
420.0 DUE TO		1			
Conditions, if ony, which ) ARTERIAS	The still a	HI pertade	1 HT. D.	isano 1	155 1200-
gove rise to immediate	NOW B / C	14/1-2.00	.,	SCAPE.	777
coese (o), storing the under-	PHEUM.	adia		3	wike.
			AL DISSASE CONDITION C	CIVEN IN BART IVA	
490 X SeriliTY	TO DEATH BUT NOT	KECKTED TO THE TEXMINA	AL DISEASE CONDITION G	IVEN IN PAKT 1(0)	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  490 X  200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW IN OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (En	ter noture of injury in Po	ort I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Hour o. m. p. m. 19 While Not while of work of work	RED 20e. PLACE C	F INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
Hour o. m. 19 While Not while		street, office bldg., etc.)		(555,)	(0.0.0)
p. m. Iy ot work ot work		F7 1.	57 3 / 11	40.0	
21. I certify that I attended the deceased from	JAY	, 199/, ta/1/6			aw the deceased
alive on Haria 25, 1950, and	d that death occ	urred at \$ 13 P	M, from the causes	and an the do	ite stated abave
10 01	1	Al	DDRESS (Street, city or town	n, stote)	DATE SIGNED
SIGNATURE - Some Shymica	M.D.	Varrett	SVILLE	7791	
MAYOCIANIC	61				
PHYSICIAN'S S. JAMES THOMISON,	/1r., M.	D.			
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME C	OF CEMETERY OR CRE	MATORY 2	22d. LOCATION (City, town	, or county)	(Stote)
BREMOVAL (Specify) ahr 20.58 Tall	LETTEVILLE	0	JALLETECH	11/0 1/00	Ford Tord
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	6/12/1/10	240 PEC'D	BY REGISTRAR 24b. REC	GISTRAR'S SIGNATU	1
Jana Low GRuet Vac	sellower	PITAL	1 '58	/ - 6	7
Ming Charles Har	claw or	TO DATE MAY	1 30 1 000		

	a./Ptup		
\$ 2,42 by the second			
	Sel.		
		The state of the state of	

VS A15 (4) 15M 10/57

lá lá

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			4371	CERTIFIC	CA	TE OF DEATH			Reg. Dist		1000
1.	PLACE OF DEATH Bel.	timore	2003	MARYLANI	0	2. USUAL RESIDENCE (When o. STATE Maryla		ed lived. If institution b. COUNTY	n: Residence		admission)
		f outside corporate limit	s, write c	LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If out	tside carp	orate limits, write Rt	JRAL and gi	ve neares	st town)
	Catonsvi		h	yr mths25dy	S	Linthicu	m Hg	ts.	0-2 x	- 1	
	d. NAME OF HOSPIT	AL (If nat in haspitol, g	ive street ad	dress)		d. STREET ADDRESS				e.	IS RESIDENCE
	OR INSTITUTION SPRING GR	OVE STATE	HOSP	PITAL		408 Hawthe	orne	Road			ON A FARM?
3.	NAME OF DECEASED	Fin	ı	Middle		Lost	4. DATE	Mont	h	Day	Yeor
	(Type ar print)	Nelli	9	There	sa	Taylor	OF DEATH	An	ril	22	19 5
5.	SEX	6. COLOR OR RACE	7. MARRIES	D NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.
1	female	white	WIDOWED	DIVORCED [		Sent. 6 1889	2	lost birthdoy) 75 yrs.	Months [	Days H	lours Min.
100	. USUAL OCCUPATIO	ON (Give kind of work of	one 10b. KII	ND OF BUSINESS OR IN	DUST	RY 11. BIRTHPLACE (Stote or	r foreign	country)	12. CITIZ	EN OF	WHAT COUNTRY?
		ing life, even if refired)  operator				Maryland			U.	S.	A.
13.	FATHER'S NAME				2	14. MOTHER'S MAIDEN NA	ME				
	Thomas	Taylor				Theresa	a Lar	mb			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO. 17	7. IN	FORMANT		Addr	ess		
1.0	no	(If yes, give wor or dates of se	21	2-05-1169	Red	cords: SPRING	G GE	ROVE STAT	TE HO	SPIT	AL
	PART I. DEA  42.2.2  Conditions, if or gave rise to in couse (o), stating	ny, which (b)	Ar	teriosclero		c cardiovascui eriosclerosis					AL BETWEEN AND DEATH
CERTIFICATION	200 ACCIDENT WA	S HINDERLYING []				OT RELATED TO THE TERMIN			EN IN PART	1	WAS AUTOPSY PERFORMED? ES MO
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	JRY OCCURRED 20e. Not while of work	PLAC	CE OF INJURY (Home, form, bry, street, office bldg., etc.)	20f. (Cit	y ar town)	(Co	ounly)	(Stole)
		ril 22	1958 Wa	from Jan. 2, and that dec		occurred ot 3:00a	M, fro DDRESS (S	STATE HO	nd on the state) OSPITA	e dote	the deceased stoted above. DATE SIGNED 4-22-58

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Cedar Bluff Cam. Annapolis, Md. 23. FUNERAL DIRECTOR'S STONATURE 240. REC'D BY REGISTRAR DATE 2 3 58 ADDRESS 24b. REGISTRAR'S SIGNATURE

(Stote)

APR 84 1958

TO FUNERAL DIRECTO

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 4379

04360 Reg. Dist. No.

				· · · · · · · · · · · · · · · · · · ·									
PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN		a. STATE			d lived. If inst b. COUI	itution: NTY B	Residen	ce befor	re odmiss	ian)
b. CITY OR TOWN (I	f outside corporate limi	ts, write		16		- /	1	rote limits, wri	te RURA	AL ond	give nea	rest tawr	1)
				5	/Balti	more a	27]						
d. NAME OF HOSPIT	'AL (If nat in hospital, g	ive street	address)	1	d. STREET A	DDRESS						e. IS RES	IDENCE
	GROVE STA	E H	OSPITAL		3014	Louis	iana '	Avenue					ИО 🗆
DECEASED			Middle		m		4. DATE					,	Year 1958
				- 10 0			DEATH			LINIDED			
				_				last birthdo	y) M		Days	Haurs	Min.
									yrs.	100 017			
during mast of wart	king life, even if refired	dane 10b.		NDUSTRY	11. BIRTHPL			ountry)					COUNTRY
FATHER'S NAME				1.	. MOTHER'S	MAIDEN N	AME						
John	Thalheimen				Ameli	a Com	bs						
			SOCIAL SECURITY NO. 1	7. INFO	RMANT				Address				
unknown	(If yes, give wor or dates of s	arvice) 2	15-07-6265	Reco	rds:	SPRIN	G GR	OVE SI	CATE	H	OSPJ	TAL	
		use per li	ne far (a), (b), and (c).]		, :	1							
PART I. DEA		, (	ardial		Lar.	lur	e_						527111
1422.1	DUE TO			2 .		1-				1,42			
Conditions, if a	ny, which }	A	Merio sol	. C	ndio	Vas	e . D	troea	20				
	mmediate (												
lying cause last.		)									1		
PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION	GIVEN	IN PAR	T 1(o) 1	9. WAS	AUTOPSY
3 to 50.10													NO D
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture a	f injury in P	art I ar Parl	I II of item 18.	)				
Haur a.m.	Y Month, Day, Ye	While	Not while	PLACE foctory.	OF INJURY (I street, office	Hame, farm, bldg., etc.)	20f. (City	or town)		(0	County)		(State)
21 I certify th	at Lattended the	deceas	ed from Max	ch 2	10 56	o to An	ril 1	3. 10	58 .	hat I	last so	nu tha	deceases
		10	ond that do	ath as		1 - 58 P	AA Summ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HOI I	1021.20	aw me	deceased
dive on the		17	,		corred dia						ne da		ed abave ATE SIGNED
ACTUAL SIGNATURE	Stella	W	achsler	M.D.	SPI		GROVE				ITAI		ATE STORE
PHYSICIAN'S S	TELLA	W	17CHSLE	FP	Cat	tonsvi	lle 2	8. Mar	vlar	nd			
		F	22c. NAME OF CEMETER	Y OR CR								(Stat	e)
Burial		1958	New Cathe	dral	Cem		Ba	ltimore		M	רעיים	and	
			ADDRESS		-	240g 856'D							
William	Cook, Inc.		1217 St. Pa	ul S	treet	DATE		pu	·he	due	Ne		
	b. CITY OR TOWN (I RURAL ond give no Caton d. NAME OF HOSPIT OR INSTITUTION SIR ING  MAME OF DECEASED (Type or print)  SEX  male  a. USUAL OCCUPATIC during most of work of wo	D. CITY OR TOWN (If outside corporate liming RURAL and give nearest town)  Catonsville  d. NAME OF HOSPITAL (If not in hospital, gon institution)  SER ING GROVE STA  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  White  G. USUAL OCCUPATION (Give kind of work during most of working life, even if retired salesman (Ret'd)  FATHER'S NAME  John Thalheimen  WAS DECEASED EVER IN U. S. ARMED FOR (If yea, give wor or dates of a unknown)  UNKNOWN  IB. CAUSE OF DEATH [Enter only one compart I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Conditions, if only, which gave rise to immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CON  200. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Yellow Compart of the cause of April 12,  ACTUAL SIGNATURE  PHYSICIAN'S STELLAR  BURIAL, CREMATION, 22b. DATE THEREORY REMOVAL (Specify)  BURIAL CREMATION, 22b. DATE THEREORY REMOVAL (Specify)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)  Catonsville  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPRING GROVE STATE H  NAME OF DECEASED (Type or print)  SEX 6. COLOR OR RACE 7. MARK Male  G. USUAL OCCUPATION (Give kind of work dane of during most of working life, even if retired)  Salesman (Ret'd)  FATHER'S NAME  John Thalheimer  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  WAS DECEASED TO THE TENEOR IN THE TENEOR	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown) Catonsville  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SHRING CROVE STATE HOSPITAL  NAME OF DECEASED (If year or print)  SEX  6. COLOR OR RACE Philip  SEX  6. COLOR OR RACE  White Whowed  CUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Ret d) Furniture  FATHER'S NAME  John Thalheimer  WAS DECEASED EVER IN U. S. ARMED FORCES? If year or winhown  IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that I attended the deceased fram.  Physician's STELLA WAS CAUSED  21. I certify that I attended the deceased fram.  ACTUAL SIGNATURE  PHYSICIAN'S  PART II. 22b. DATE THEREOF REMOVAL (Specify)  Apr. 16, 1958  New Cetthe FUNERAL DIRECTOR'S SIGNATURE  PORT II.  PART II. PROPERTY SIGNATURE  PORT II.  PART II. SIGNATURE  PHYSICIAN'S  PART II. 22b. DATE THEREOF REMOVAL (Specify)  Apr. 16, 1958  New Cetthe FUNERAL DIRECTOR'S SIGNATURE  PLOERAL DIRECTOR'S SIGNATURE  PORT II.  CALOR OF DEATH PROPERTY SIGNATURE  ADDRESS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Catonsyile  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL  NAME OF BECEASED  NEW 6. COLOR OR RACE Male White WIDOWED  DIVORCED JUNORCED JUNORC	b. CITY OR TOWN (If outside corporate limits, write RRAL and give necessat lawn) Catonsville D. CITY OR TOWN (If outside corporate limits, write RRAL and give necessat lawn) Catonsville Cyrlmth9dys D. Balti Catonsville Cyrlmth9dys D. Balti Color OR ROSETTAL (If not in hospitol, give street address) OR INSTITUTION SIR ING CROVE STATE HOSPITAL  Middle Thalhe SEX OR COLOR OR RACE Philip DIVORCED DIVORCED Jan. 8, 20 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL COUNTY UNKNOWN) SALESMAN (Ret'd) Furniture FATHER'S NAME John Thalheimer  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), toloring the under Due TO Lying cause last.  DUE TO CONTRIBUTING CONTRIBUTING CAUSE OF DEATH Hour o. m.  DUE TO CONTRIBUTING CAUSE OF DEATH Hour o. m.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING CAUSE (o) While Not while of work	D. CITY OR TOWN If outside corporate limits, write RURAL AND Give necents through the recents through the recent through through the recent through through through through the recent through the recent through the recent through	D. CITY OR TOWN; If outside corporate limits, write RURAL and give nearest lown?  EURAL and give nearest lown?  Catonsville  Catonsvill	D. CIVO & TOWN (If controlle corporate limit, write PURAL and give forerest lown)  D. CIVO & TOWN (If controlle corporate limit, write PURAL and give forerest lown)  Catonsville  Catonsvi	b. CITY OR TOWN If outside corporate limits, write RURI PRIMARY IN 18 CATOR TOWN IF outside corporate limits, write RURI RURAL and give encerest lown?  Catonsville  Catonsvil	D. CITY OR TOWN If outside corporate limits, write RURAL and RURAL ON TOWN IT outside corporate limits, write RURAL and RURAL RURAL AND RURAL RURAL RURAL AND RURAL RURAL RURAL AND RURAL RURAL RURAL AND	D. CITY OR TOWN (If contide corporale limits, write accessed in the control limits).  D. CITY OR TOWN (If contide corporale limits, write accessed in the control limits).  D. CITY OR TOWN (If contide corporale limits, write accessed in the control limits).  D. CALONSYILLO  CACONSYILLO  CACO	D. CITY OF TOWN (II Outside coporate limit, write a clerk of the state of the property low)  D. CITY OF TOWN (II Outside coporate limit, write a clerk of the state of the property low)  D. CITY OF TOWN (II Outside coporate limit, write a clerk of the state of the s

8361 31 A9A

ments better 2 Miles on the con-

**CERTIFICATE OF DEATH** 

04361 Rea. Dist. No.

lor.	vith		1
irec	ed	. 7	-
PO	Fil e	1	1
Ja.	P	1	1
6	OU		
y th	2 5	,	
in b	puc		
ed	2 1		
(1)	oge		
etel	۵.		
du	pers		
0	bod	eoth	
ono	pou	D 10	
ion	50	of	,
ysic	oxe	STUC	e e
3	E	2 h	
din	OSE	8	
Her	ple	WIT	
he	hen	ent	
by t	-	v ev	
9	rmi	00	
sign	ă.	.E.	
e u	ansi	00	
s b	1-10	aval	
P Po	Durie	E	
cat	he	20	
ertif	os	On,	
is c	use	mat	
7	for	Cre	
Aff	hed	io.	
	100	Pr	
UNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the rectain director.	e e	registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	
DIRE	9 P	pric	
ALI	hou	ror	
VER	S	gist	
5	e	7.6	

executed within 24 hours after death: Page 4

90		TO FUNERAL DIRECT After this certificate has been signed by the attending physician or	rbo	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after	
ore		.00	3	200	-
		Syc	Z	DO	e
-		d	E	2 h	
		Jing	Se	5	
Dec		len	Sec	i.	
U		o	C	3 =	
-		the	Ě	ven	
		by	-	×	
S		9	EL	ō	
5		igi	ă.	. E	
1	100	Ca	nsi	0	
Ď	ysic	þ	-tro	- è	
e E	4	hos	rio Lo	OF	
	ing.	e	P	e	
3	enc	fice	the	ō	
7	to	erti	ö	0	
-	0	is.	use	mat	
2	ito	モ	0	Cre	
2	OSP	ffe	Pa	ol,	
2	6	4	och	DOL	
ě	7		1	o	
	d b	EG	pe	0	
5	in e	5	P	ğ	
Š	eto	AL	hou	101	
1	90	ER	S	gist	
2	7	5	.ge	e re	
)	Ě	0	8	÷	
		110			
1	SM	9/	55	1	
		_	-	_	-

	4;	373	CERTI	FIC	ATE OF E	DEATH	1			Reg. D	ist. No		LOO J
1. PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESI	Maryla			institution COUNTY	on: Reside	nce befo	re admiss	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)										
ROKAL ONG GIVE HE	arest town;		8 1 1 1 1 1		Baltimo	ore			3 V	01-	4		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	oddress)		d. STREET A	ADDRESS					141	e. IS RES	DENCE
OK INSTITUTION	7306 Libe	rty R	oad		3811 GV	wynn (	ak Av	enue	#7				FARM?
3. NAME OF DECEASED (Type or print)	WALLA(		Middle A •		THOMAS,		4. DATE OF DEATH		Mon	th	Do	,	Year 19 58
S. SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIE	D 🔲	B. DATE OF BIRT	Н		9. AGE (	In years rthdoy)				ER 24 HRS.
Male	White	WIDOWE	DIVORCED		Feb. 29	9. 188	38	70	yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of work Retired V.  13. FATHER'S NAME	ing life, even if retired	)		R INDU Dail		aso. 1	aryla			12. CI	TIZEN C	F WHAT	COUNTRY
	(7)1												
Wallace A.		CESO 14	COCIAL CECURITY NO	117	NFORMANT	Hunte	r						
	If yes, give wor or dates of s		SOCIAL SECURITY NO.					0077	Addr				11
No			Yes		rs. Clara	a D. T	'homas	-3011	_ Gwy	nn 0			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	)	perfor (a), (b), and (c).]	7	Thron	Hea	res A	Dis	ein	e		5 m	
couse (a), stoting lying couse last.	the under-	)	ONTRIBUTING TO DEA	TH BUI	NOT RELATED TO	THE TERM	NAI DISEAS	SE CONDIT	ION GIV	FN IN PAI	PT 1(0) 1	9. WAS	AUTOPSY
CATIC												PERFO	NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature a	of injury in I	Part I or Par	rt II at item	n 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	Nat while of work	20e. Pt	ACE OF INJURY ( ctary, street, affice	Hame, farm e bldg., etc	, 20f. (Cit)	y or town)			(County)		(State)
21. I certify th	at I attended the	decease	ed from OS	-	19.4.2	, toly	mil	-11.	19_55	,that I	last so	w the	decease
alive on <u>Mus</u>	mb-27	, 19	and that	death	occurred at		M, from				he da	te state	ed above
ACTUAL SIGNATURE Z	enl L-C	The	mben	/	M.D. 4/00	f ple	Ty A	Its C		Sol	4-1	4/4	4-/3-
PHYSICIAN'S NAME (Type)	ar/L.C	han	nberg-		4108 L	ibert	tts	Are-	Bay	Ho-	7-m	1 4	L-13-
220. BURIAL, CREMATION REMOVAL (Specify) Burial	), 22b. DATE THEREC	)F	Druid Ric		_	7	22d. LOCA Pike:	TION (City SVill		.,	and	(Stat	•)
23, EUNERAL DIRECTOR	SIGNATURE	404 4	ADDRESS		J		D BY REGIST			TRAR'S SI		RE	
11. G. W.	previto	no	alfo17.	9	nd	DATE	PR15	'58	(tri	المعان	le de	1	



BUREAU V. L.

8361 9 1 99A

e. IS RESIDENCE ON A FARM? YES NO TO

19

Hours

Reg. Dist. No.

Steelworker	Bethlehem Steel	Roanoke Rapids, N. C.	U. S. R.
Osborne Toney		14. MOTHER'S MAIDEN NAME Martha Toney	
VAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)		FORMANT Addre Elton Toney 201 Walnut Ave	
B. CAUSE OF DEATH [Enter only one couse property of the couse of the c	Dypertens	Lapsperyy in	INTERVAL BETWEEN ONSET AND DEATH AMY
PART II. OTHER SIGNIFICANT CONDITIO		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
Oc. TIME OF INJURY Month, Doy, Year 2 Hour o. m.		CE OF INJURY (Home, form, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the decadive on ACTUAL SIGNATURE		accurred atM, from the causes or ADDRESS (Street, city or town, s	
PHYSICIAN'S NAME (Type)	thomas	14477777744456446644664	
BURIAL (CREMATION, 226 DATE THEREOF BURIAL (Specify)	22c. NAME OF CEMETERY OR Mt. Calvary		county) (Stote)  O., Maryland
uneral director's signature/ Charles R. Law 802 M	ADDRESS Adison Avenue	240. REC'D BY REGISTRAR 24b. REGIS	PRAR'S SIGNATURE

Poge !

requires that the death certificate be executed

VS A15 (4) 15M 9/55

23. I

MARY LAND SYATE DEPARTMENT OF THE SALTIMONES IS MEASU TO STADRITHED IN

BUREAU V. S.

8291 P.S. 99A

BABOSA

02

ath. Page 4

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours offer

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4375 CERTIFICATE OF DEATH

8 ()4364 Reg. Dist. No. 32

												-	
	ACE OF DEATH COUNTY Baltimore	County		MARY	LAND	2. USUAL RESI	DENCE (WH	LA N	D b. COUNTY	on Resider	Til	e odmiss	sion)
Ь.	CITY OR TOWN (	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside corporo	te limits, write R	URAL and	give nea	rest town	1)
		n, Maryland					BAL	-Timo	RE	3V	01-	4	
d.	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS					. IS RES	IDENCE FARM?
		on State Ho	ospit	al		223	7 14	eisters	town	Rd			NO D
3. NA DE (T)	AME OF ECEASED ype or print)	VASE	Ljos	Middle T S	IMB	IDES	at .	4. DATE OF DEATH	Mon	1	Doy	4	Yeor 1958
5. SE	X	6. COLOR OR RACE	7. MARR	NEVER MARRI	ED B.	DATE OF BIRTI	н	9.	. AGE (In years	IF UNDER			
	MALE	WHITE	WIDOWE			11-1	8-34		lost birthdoy) 2 3 yrs.	Months	Days	Hours	Min.
10o.	USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign cou		12. CI	IZEN O	WHAT	COUNTRY
(	SEAN	ing life, even if retired	,			GRI	EECE	1000		Gi	REEC	CE	1
13. F/	ATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
	A	. TSIME	3108	= S				?					
15. W	AS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INF	ORMANT			Add	ress		70.0	
	NO	If yes, give wor or dates of s				spital 1	Recor	ds, Mt.	Wilson	Stat	e Ho	spi	tal
1		TH [Enter only one co	use per lir								ONS	RVAL BE	TWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	AK ADV	ANC	EDI	ULM	ONARY	TUBER	CULOS	1 8		
	OOKX	DUE TO											7
	Conditions, if or		)	L. L. L. L. H.									
	gove rise to in cause (a), stoting												
	lying cause last.	) (c											
6	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE (	CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY RMED?
3		,			_								№ □
GE (	ROG. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter notuce o	f injury in F	Part I or Port II	l of item 18.)				
MEDICAL		Month, Day, Yea		NJURY OCCURRED	20e. PLAC	E OF INJURY	Home, form	20f. (City o	r town)	(0	County)		(State)
WED	Hour a.m.	19	While of work	Not while	10010	ry, street, office	blag., etc.	-)					
		at I attended the		. (1	10	. 19 5	7, ta_ 4	4-6	10.5	7.1.	lest et	. Al-	-1
	alive on	1 — 6	10					AA S	AL	c,mar I	iasi sa	w ine	deceased
1	JIIVE OII		7	2_45_, and that	ueain c	iccurred at		ADDRESS (Stra	the causes of et, city or town,	ind on the	ne dat		ed abave. ATE SIGNED
A	CTUAL //	alles son	11	Surgery.	1911	Mt		on, Mar		3.0161		0,	TIL SIGNED
5	IGNATURE //		00	over in	M.				7 2 2 2 2 2 2				
PN	HYSICIAN'S WE	Llliam Newc	omer	, M.D.		Sup	erint	endent					
22o. E	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMI	ETERY OR	CREMATORY		22d. LOCATIO	ON (City, town, o	or county)		(Stat	e)
	IRTAL.	4-9-58		Greek Ce	mete	ry			imore				
	Iliam Co	ok, Inc.,	1217	ADDRESS 7 St. Paul	Sar	eet	24a. REC'E	BY REGISTRA	0 0 0	STRAR'S SIG	/	E	
		, ,		2 4 64 7	- 0-	000	DATE ME	11 0 00	The same	11/100			

OBALBOEG .

2 .V UABRUR

AT A TO BE A STEEL OF BEATH

The Tell Sales of the Park

VS A15 (4) 1SM 9/5S

	1	7
with	1	
be filled	M	)
onid		

00

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4376 CERTIFICATE OF DEATH

Reg. Dist. No.

04365

_				<u> </u>					Keg. Dist.	170.	
1.	PLACE OF DEATH o. COUNTY	altimore		MARYLAND		SUAL RESIDENCE (	77.7	l lived. If institution b. COUNTY	Residence b		
	RURAL and give ne	outside corporate limitorest town)	28 years	×	CITY OR TOWN (	If outside corporage Mi		RAL ond give	nearest low	n)	
	d. NAME OF HOSPIT	Reister:		n Road	1	d. STREET ADDRESS	l Reis	terstown	Road	ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Viol	rst B.	M <sup>Middle</sup> Tu	ırnb	augh"	4. DATE OF DEATH	Apri		Day 3	Year 19 58
5.	SEX F	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED E	B. DA	ril 18	1910	9. AGE (In years lost birthday) 47 yrs.	Months Day		Min.
10	during most of work	DN (Give kind of work ing life, even if retired SEW116	done 10b.	KIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (SIG		ountry)	12. CITIZER		T COUNTRY?
13	FATHER'S NAME  D Fre	ed Sprink	le		14.	MOTHER'S MAIDER	Walte:	r			
15	NAS DECEASEDEVER	R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO. 17 15-32-71691	infor	Frances	Cole	Reiste		n Md	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	0	ne for (o), (b), and (c).]	Ste	art ö	Railer	24.3		NTERVAL BONSET AND	ETWEEN DEATH
	416X Conditions, if an	DUE TO	1	heunstin	5	Veart	Desa	end.		The	as.)
	gave rise to in casse (o), stating t lying cause lost.	nmediate (	5	Spestern	1	CV	Disi	esse,		E/z	asa.
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	TON TRIBUTING TO DEATH B	UT NOT I	RELATED TO THE TES	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(d	PERF	AUTOPSY ORMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUP	RED. (Ent	er nature of injury	in Part 1 or Part	11 of item 18.)			
MEDICAL	Hour a.m.	Y Month, Day, Ye	ar 20d. It While at worl	Not while	PLACE O factory, s	F INJURY (Home, fo street, office bldg.,	erm, 20f. (City	or town)	(Cour	nly)	(State)
	21. I certify the	at I attended the	decease	7	th acc	, 19 <u>56</u> , ta_	april from	5 , 1958			
	ACTUAL CL	rence E.	Ma	Meleans	M.D.	Keist		reet, city or town, s			ATE SIGNED
	PHYSICIAN'S NAME (Type)							/ (		V	1
27	e. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Apr 5	1958	St Pauls C			Arca d	ION (City, town, or	county)	(Sto	
23	FUNERAL DIRECTOR'S	S SIGNATURE	lina	Reistersto			EC'D BY REGIST	RAR 24b. REGIST	RAR'S SIGNA		
		7							- Carrie	^	

be avoid the thought of the backers will the at

BUREAU V. S.

DECENED

20.100.97

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Balti more

e. IS RESIDENCE ON A FARM? YES NO T

Day Year 58 8 19 IF UNDER LYFAR IF UNDER 24 HRS.

> Days 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

(County)

(State)

Inquiry

end find that

DATE SIGNED

PERFORMED? NO V

(Stote)

24b. REGISTRAR'S SIGNATURE

DECEDVED PRE 11 1958

B.Y. UAJAU

MAXIMADIONA

Law.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4378 CERTIFICATE OF DEATH

Madison Ave., Balto., Md.

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1619 E. Madison St. YES NO T 4. DATE Yeor DEATH 19 58 VESSEI. April IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours 62 yrs. 12. CITIZEN OF WHAT COUNTRY? Lancaster Co. Virginia U.S.A. 14. MOTHER'S MAIDEN NAME Pricilla Richards 17. INFORMANT Address Clin.Rec.Vet.Adm.Hosp., Ft. Howard, Md. INTERVAL BETWEEN ONSET AND DEATH METASTIC CARCINOMA CERVICAL REGION.PLURA MEDIA STIMAL LYMPH NODES AND LIVER. PRIMARY SQUMAOUS CARCINOMA, INFRA-ARBITAL REGION, 1 Year Months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 21. I certify that VAttended the deceased from April 2 , 19 58 to April 12 , 19 58 TOWN WAY NOW WAY TO A STATE OF THE PROPERTY XXXXXXXXXXXXXInd that death occurred at 11:27MM from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED Veterans Administration Hospital 22d. LOCATION (City, town, or county) (Stote) Frederick Rd. Balto. Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 ENTINCATE OF DEATH

BUREAU V. &

8361 31 A9A

BECEINED

Page Dist No.

7	010		Reg. Di	st. No.
1. PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	/ b COUNTY D	ce before admission) timore
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate)	village	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, good not institution Lodge For	ive street address) Lest Nursing Hom	d. STREET ADDRESS 41 Dahli	a Lane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret	W	Last 4. DATE OF DEATH	Manth  Afr.	Day Yeor 24 1958
temale white	WIDOWED XX DIVORCED	B. DATE OF BIRTH Apr. 28, 1887	last_birthday) Manths yrs.	Days Hours Min.
On USUAL OCCUPATION (Give kind of work of dyring most of working life, even if retired)	Jone 10b. KIND OF BUSINESS OR INDU	Baltimore, M.	aryland 12. CIT	USA
13. FATHER'S NAME Henry Wagner		14. MOTHER'S MAIDEN NAME Clara Watton		
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give war or dates of se		r. Philip Wagne	r, 466 Carve	all Beech R
18. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	91, 1.	Caremateres		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.	Malgrant Tru	wor of Spine		390
	DITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I ar Par	rt II of item 18.)	
20c. TIME OF INJURY Month, Day, Yes Haur a. m. 19	ar 20d. INJURY OCCURRED 20e. PL While Nat while fo at work of wark	ACE OF INJURY (Hame, form, 20f. (Circlety, street, office bldg., etc.)	y or lawn) (C	County) (State)
21. I certify that I attended the alive an ACTUAL SIGNATURE		accurred at 11:3013M, fram	m the causes and an the causes, city or town, state)  Balla 19 Ma	
PHYSICIAN'S James To	Means			
220. BURIAL, CREMATION, 226. DATE THEREO BURIAL Specify) 4/28/58	8 Moreland	n 1	TION (City, town, or county) altimore, Mo	aryland (State)
23. FUNERAL DIRECTOR'S SIGNATURE 5	305 Harford Rd.	24a. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIC	SNATURE

al director, be filed with TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be described for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

death. Page 4

		CERTIFICA
		Place recommend on some and the second
	neutrion	
Tall and the printing of the p		
Sales of the control of station (Section 2015) and the control of		
SANT MARKET		The second second
		Company of the same of the sam
The second secon	dasklij Wylia	

Ή

04369 Reg. Dist. No.

380	CERTIFICATE	OF	DEAT
77 ( 68 5			

M

a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARY Land	ere deceased lived. If institution b. COUNTY	Baltimore
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, write eorest tawn)	c. LENGTH OF STAY IN 16  14 Months	11	utside corporate limits, write RI	URAL and give nearest town)
OR INSTITUTION	TAL (If not in hospital, give street Ridge Nursing		d. STREET ADDRESS R. F. D. #	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lula	Middle	Wagoner	4. DATE Mon OF DEATH	Day Yeor
5. SEX Female	1999 4 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last hirthday) 73 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION during most of wor Retired—Se	king life even if retired)	c. KIND OF BUSINESS OR INDU Cemetery Com		or foreign country) int Hill, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  John A	A. Dwyer		Jemina H		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17.		Belhave	
Conditions, if a gave rise to i couse (a), stating lying couse last.  PART II. OTI	mmediate the under- (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PR
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. js. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 20d. Whil		ED. (Enter nature of injury in f LACE OF INJURY (Home, form actory, street, affice bldg., etc.	, 20f. (City ar town)	(Caunty) (State)
olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL CREMATIC	nat I attended the deced find 9, 19 Westert J. Her bert J. DN.   226. DATE THEREOF		n occurred at 3° A.  M.D. 2436 M.  Balten		Dd. 4/15/5.
REMOVAL (Specify) Burial 23. MINERAL DIRECTOR	Apr. 18 195	S Druid Ride	ce Cemetery	Pikesville,	Balto.Co.,Md.
Milles	Muoreau	4 Heights	Ave. DATEAPI	R 1 8 '58 R 1	

may be retained the haspital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the property page 3 shauld be devathed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

Jeath. Page

and the section of th

116-10-4417 de Comp Pallor Panadons, Md.

House meveriful

STATE OF SECTION COMPANY FOR FAIL NA.

AVA STABLES COLORS CONTA

APR 18 1959



Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	a. STATE	vlance (who		lived. If institution b. COUNTY	_	nberlar	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If o	utside corpor	ate limits, write R	URAL and g	ive nearest to	wn)
NORME and give no	urest town;				Cumber	rland.	Marvlan	d 0/	02.2	
d. NAME OF HOSPITA	AL (If not in haspital, g	jive street	oddress)	d. STREET A	DDRESS				e. IS R	ESIDENCE A FARM?
Stella	Maris Hosp	ice		340	Will:	iam St	reet			□ NO □
3. NAME OF DECEASED (Type or print)	Fir Anna	st	Middle Agnes	losi Web		4. DATE OF DEATH	Apr.T2	,195	8 Day	Year
5. SEX		7. MARS	RIED NEVER MARRIED	B. DATE OF BIRTH		1	9. AGE (In years	IF UNDER	1 YEAR IF UN	
Female	White	WIDOW		77/5/	1881	- 1	9. AGE (In years lest birthday) 66 yrs.	Manths	Days Hour	s Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU					12. CITI	ZEN OF WHA	AT COUNTRY
during most at wark	ing life, even if refired	)				vland			J. S. A	
Housekeer 13. FATHER'S NAME	ber			14. MOTHER'S					J. D. 1	1.0
	Tab an					97	CO.			
Adam W		CES? 16	SOCIAL SECURITY NO. 117.	INFORMANT	isann	a Lain	Adde	rett		
	If yes, give wor or dates of s			Hespita	1 Re	cande	Addi	E33		
			None	Manh Toe	T We	COLUB			INTERVAL	
Conditions, if or gave rise to in cause (a), slating t lying cause lost.	the under-	, (	arcina,	pa ot	De	CENO	ing Col	len	1/2	Y25.
Ž Z			CONTRIBUTING TO DEATH BU			132		'EN IN PART	PERI	S AUTOPSY FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of	injury in I	Part I ar Part	II at item 18.)			
Y 20c. TIME OF INJURY Hour a. j p. m.	Y Manth, Day, Ye	20d. Ii While of wor	Not while fo	ACE OF INJURY () octory, street, affice	lame, farm bldg., etc.	20f. (City	or tawn)	(C	ounty)	(State)
21. I certify the alive on	pri lattended the	deceas , 12 FC	S, and that death	6 4 19 5 1 n occurred at			the causes a set, city ar town,	ind on th		de deceased ited above pate signer
220. BURIAL, CREMATION REMOVAL (Specify)		58	22c. NAME OF CEMETERY C	or crematory	ls		ON (City, town, o		_	ate)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D 8Y REGISTR		TRAR'S SIG		111111
	-		b /	D MD.			10	/	r 11	

TO HOSPITAL OR ATTENDING PARISICIAN: The law requires that the death certificate be executed within 24 haurs after. may be retained by the TO FUNERAL DIRECT VS A15 (4) 15M 9/55

page 3 should be de

M

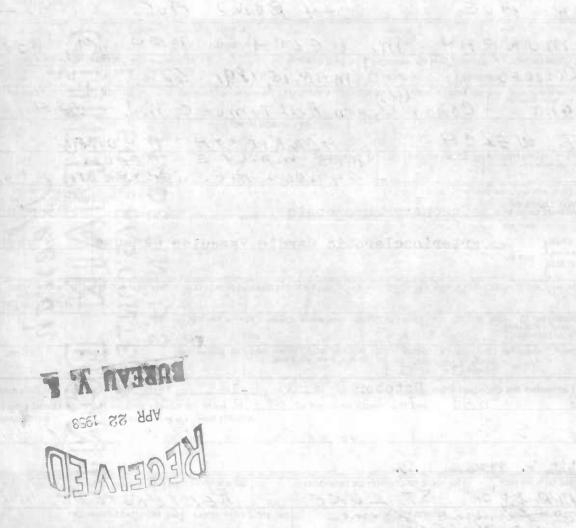
I director, filed with

After this certificate has been signed by the attending physician and completely filled in by Athed for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2

the registrar priar to buriol, crematian, or remaval, and in any event within 72 haurs offer death

death: Page 4

Masoitel Resident dentant st.



MARYLAND

	- N
with	
sho, ld be filed with	X
å	(M)
P	M
2 54	00

oug

1. PLACE OF DEATH o. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Vaterview Rd First

c. LENGTH OF STAY IN 16

Middle

b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Dundalk d. STREET ADDRESS

4. DATE

DEATH

Waterview Rd.

. IS RESIDENCE ON A FARM? YES NO

-	3.	NAME OF DECEASED (Type or print)
ł	5	SEY

SOPHIA

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

B. DATE OF BIRTH Feb.

20.1887.

Lost

14. MOTHER'S MAIDEN NAME

9. AGE (In years lost birthday) Months

yrs.

Yeor 1958 IF UNDER 1 YEAR IF UNDER 24 HRS.

Female

White WIDOWED T

DIVORCED T

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME

John Doyle

17. INFORMANT

Mary (Last name unknown

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

during most of working life even if retired)

16. SOCIAL SECURITY NO. None

At Home.

John A. Werner

Same.

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate

couse (a), stating the underlying couse lost.

DUE TO

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

INTERVAL BETWEEN ONSET AND BEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year 20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20f. (City or town)

(County) (Stote)

21. I certify that I attended the deceased from.

20c. TIME OF INJURY Hour o. m.

22b. DATE THEREOF

of work of work

\_\_\_\_, 19\_\_\_, to\_\_

\_\_\_\_\_, 19\_\_\_\_,that I last saw the deceased \_\_, and that death occurred at 5:45 My from the causes and on the date stated above.

DATE SIGNED

ACTUAL

PHYSICIAN'S

220. BURIAL, CREMATION,

BULL Specify)

TO FUNER page 23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

V NATIONAL THE PROPERTY OF THE		FAIR THROUGH LAND TO THE PARTY OF THE PARTY	
BOBLYN A.  WHEN THE STATE OF TH			
SUEL II AGA  V UATRUA  THE PROPERTY OF THE PRO		PURING AND	
SUEL II AGA  V UATRUA  THE PROPERTY OF THE PRO			
SUEL 11 89A	The state of the s		
SUEL 11 89A			E COLOR SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
SUEL II AGA  V UATRUE  THE PROPERTY OF THE PRO	· · · · · ·		The State of the S
Suci II 89A	BUILDING TO THE THE PROPERTY OF	AND SHOP IN THE R	
SUST II APA MANAGEMENT OF THE PROPERTY OF THE	A		
SUEL II APA  WHAT THE PROPERTY OF THE PROPERTY			
SUEL 11 APA  VIOLENTIA PROPERTY AND APPLICATIONS AND APPL			
V UATRUS			
SUEL II RAA  WATER THE			
SOSE II APA  V UATROS   MANAGEMENT  MANAGE		. 14.0	
See it aga was a second of the			
SUEL II AGA  V UATRUG			
SUST II AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
SCELLI A9A  V UALAUS  A CONTROLS  A CONTRO			
SZEL II AGA  V UALAUG			
SUEL II AAA  V UAHAUA			
SUEL II AGA  V UATRUE			
SCEL II AGA  V UATAUR			
8381 II AqA	¥		
	OVERNOS		cost has so all assumed by Albas I. It.
	V UATEUR		
7 A 1970 7 6	V UAIRUG		
	SCEL LI AGA  V UATRUE		
	SUEL 11 A9A  N UATRUE		
	SCEL II AGA  V UATRUE	• Region of the lands and being the second of the lands and the lands and the lands and the lands and the lands are lands and the lands and the lands are la	

5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director Page	to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the strings.	The Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board, "Health,	ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.	
TO DEPUTY MEDICAL EXAMINER:	execute the certificate, writing th	4 should be forward to the Ch	TO FUNERAL DIRECTAR: Page 3 s	ar its designated agent, prior to	
VS.	M 2	15	ME 7		

o. CO	E OF DEATH	Baltimore	43	30	MARYLAND	2. USUAL RESI	Mary	here deceased li-	b. COUNTY		e before	
b. CIT	Y OR TOWN (If	autside carparate limits, wri		c. LENGTH C	OF STAY IN 1b	c. CITY OR		autside corporate	e limits, write			
	o give negreti lowi)	Stoneleig	h			X	Ston	eleigh				
d. NA	ME OF HOSPITA	L OR INSTITUTION			et address)	d. STREET A				d All	e.	ON A FARM?
		120 Dumbs				11/		Dumbart			Y	ES   NO
NAM DECE (Type	ASED or print)	JA	MES	J.	liddle	WHELAN		4. DATE OF DEATH	Apri	_	27	19 58
SEX		6. COLOR OR RACE	7. MARRI	ED NEVER	MARRIED   B	DATE OF BIRTH		9. A	GE (In years	-	-	UNDER 24 HR
	le	White	WIDOWE	Proof .	ORCED	Dec 1	5, 1	957	yrs.	4		
o. USU during	most of working	N (Give kind of work gelife, even if retired)	done 10b. I	CIND OF BUSIN	IESS OR INDUST	01.	CE (Stote of	or Tareign country	1 >	12. CITIZE	1/S	HAT COUNTR
3, FATH	HER'S NAME	0 What	1 000	2 n d		14. MOTHER'S A		AME			013	
S. WAS	James DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECUR	ITY NO. 117. II	NFORMANT	us	11. 110	Lymann			
		(If yes, give war or dates of		Joenna decon		10			Addiess	sam	0	
18.0	CAUSE OF DEAT	H [Enter only one ca	use per line	for (a), (b), and	d (c). ]	Parente	3			25 0011	INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Tn			eumonit:	is an	d Minir	n p ]	1 Carl	ONSET AN	ND DEATH
	525 V	IMMEDIATE CAUSE (a	)	001001	0101 111	Camoni o.		carditi				
Con	od) A									1		
gov	e rise to immed	iote couse										
	stating the u	inderlying (c										
5	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING T	O DEATH BUT N	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART I	(a) 19. V P YES	ERFORMED?
20g. PRIM CAU	EXTERNAL CAU	SE WAS 2	Ob. DESCRIB	E HOW INJURY	OCCURRED. (	inter nature of inju	ury in Part	For Part II of its	em 18.)	L-12	1.20	LA INC L
CAU	EXTERNAL CAU MARY OF CON ISE OF DEATH.	ITRIBUTING []										
20c.	TIME OF INJUR	Y Month, Doy, Ye	While		ile fact	CE OF INJURY (Harry, street, office	lome, form, bldg., etc.)	20f. (City or to	own)	(Count	у)	(State)
	p. m.	of I took chorge		ork ot work		ve held on	Autonou	Tel lacas	ation [7]	la autor		and in
				12-			-		ection,	Inquiry	ш.	ond in m
obi	nion deorar i	resulted from:	Noturo	couses [].	Accident	, Suicide	U, n	Iomicide [	, Undere	rmined mo	nner	
ACI	TUAL	)and	1-/	7/10	14-	M.D. CHIEF ME	EDICAL EXA	AMINER CT			D	ATE SIGNED
SIG	NATURE		. /	100				L EXAMINER			10	/28/58
	AMINER'S ME (Type)	Paul F	Gue	rin. M.	n.			XAMINER			4/	20/00
20. BUR	RIAL, CREMATION				CEMETERY OR			22d. LOCATION	(City, town, c	or county)		(State)
	DURL al	4/29.	58	New	11	1.16	m.	Bal	timon	e Ma	nul.	and
23 FUNI	ERAL DIRECTOR"	S SIGNATURE		ADDRESS				THY REGISTRAR	Dan BEGIS	TRAR'S SIGN		in Min
/		2 2 .		4.4				at well all well	000	TANK 3 STOR	nione	
Lea	onard S	7. Ruck 5	305 1	Hartor	d Roaa	1	NAMAY.	1 '58	MULL	educh		

A STATE OF THE STA . badd redsaded 651 9=1851 THE PERSON NAMED IN COLUMN TWO IS NOT THE .U.S. merans , E fine

MATE AND

4

00

ith. Page 4

director, may be retained by the hospital ar attending physician.

• FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by they page 3 shauld be a propers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by a hospital ar attending physician.

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the

VS A15 (4) 1SM 9/S5

1001	keg, Dist. No.
1. PLACE OF DEATH O. COUNTY O. TOWNS AND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
Nall Migie	10d 12d/12mare
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Myral- Freeland 33 yrs.	//ural-/ree/and.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A EARM? YES NO
3. NAME OF DECEASED (Type or print) William Robert	Whippermitty 4. DATE Month 8 Day Year 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 4. St. Wanths Doys Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTA 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hammond Whipperman.	Rose Marvil,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. (If yes, give war or dates of service) 2/9-36-1247	Wo Fida Whicherman Ferceland Mal
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Her bulenous	7. Cardio - Vaccular Desease I una
443X DUE TO //	
Conditions, if ony, which ) (b)	
gave rise to immediate couse (o), stoting the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
200. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m.  p. m.  19 of work of work	actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 3 - 9	- , 1955, ta 4-8-, 1958, that I last saw the deceased
alive an Chr. 1958, and that deat	th accurred at 3:40P.M, fram the causes and an the date stated above.
0 0 0/1	ADDRESS (Street city or lown, stole) DATE SIGNED
SIGNATURE FAUL DE MAULO	M.D. Morellesoerry fa
PHYSICIAN'S Paul D. Shanh	Shrewsbury Pa
220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF THE STATE OF CEMETERY OF THE STATE OF CEMETERY OF THE STATE OF THE ST	OR CREMATORY, 22d. LOCATION (City, town, or coupty) (State)
23. JUNEPAL DIRECTOR'S SIGNATURE ADDRESS.	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Lacol Varlendem 1/ew trees	Am To DATE APR 1 4 '58 UNITEDIES

MARYEMUN STATE CEPARTMENT OF HEALTS ASSAULT ASSAULT SCHOOL CERTIFICATE OF DEATH Algebra (All Carlotte and Carlotte STATE OF THE PROPERTY AND allow the process of the same of the part of the same The Market State of Market State of Section 1994 and Section 1995

04375

4385 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE a. COUNTY	Baltimor	e	MARY	. 11	o. STATE Md.		lived. If instituti b. COUNTY		before odmis	
RURAL and	OWN (If outside corporate limit give nearest town)	its, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		ote limits, write F	URAL and giv	e nearest tow	m)
d. NAME OF OR INSTITU	HOSPITAL (If not in haspital,	give street add	dress)		d. STREET ADDRESS				e. tS RE	SIDENCE A FARM?
OK INGITIE	2 Prosp	ect A	ve.		2 Pro	spect	Ave.			NO T
3. NAME OF DECEASED (Type or print)	Albert		Middle Willis	ams	Last	4. DATE OF DEATH	April		Doy 958	Year
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D   8.	DATE OF BIRTH	5	AGE (In years	IF UNDER 1		ER 24 HRS.
Male	White	WIDOWED	DIVORCED		Nov.4,1893	3	lost birthday) 64 yrs.	Months De	oys Hours	Min.
10a. USUAL OCC during most Retire	CUPATION (Give kind of work of working life, even if retired a Tavern Ke	done 10b. KII	ND OF BUSINESS OF				untry)		S.	T COUNTRY
13. FATHER'S NA	ME				14. MOTHER'S MAIDEN	NAME				
Geo	orge A.Willi	ams			Fannie	Walla	ce			
15. WAS DECEAS	SEDEVER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	17. INFO			Add			
(Yes, no, or unknown NO				Mrs	.Edith M.	Willi:	ams, Gl	mdon,	Md.	
Candition gove rise couse (o), s lying couse	DUE TO  storing the under- e last.  DUE TO  (b)  (b)  (c)	Arte	rioscler		C. V. Di				2 y	rs.
CATI	II. OTHER SIGNIFICANT CON							'EN IN PART 1	PERFO	AUTOPSY DRMED?
	ENT WAS UNDERLYING DEATH NOTIFY MEDICAL EXAMINER) FINJURY Month, Day, Ye		none		Enter noture of injury in OF INJURY (Home, form			(Co)	unty)	(Stote)
WEDGE TIME OF Hour		While	Nat while no	n e	y, street, office bldg., etc	none				1115
alive an_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type	D. D. Ca	ples,	M. D.	M. C	ccurred at3:30 6 Hanov Reis	P.M. fram ADDRESS (Sire er Rd. tersto	et, city or town,	and an the	date stat	deceased ed abave ATE SIGNED 4-58
Buris Buris	EMATION, 22b. DATE THERECONSPECTIVE April 1 RECTOR'S SIGNATURE		All Sair		emetery	Reis	terstov	m, Md.		te)
	Line & Sons,	Reist		Md.		D BY REGISTR	AR 24b. REGI	STRAR'S SIGN	1	

TO FUNERAL DIRECT VS A15 (4) 15M 10/57 HYARG TO PRACHIMED & FEE

The second secon

· ## . The second secon



0261 91 APA



VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4386 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

04376

	Keg. Dist.	No.
1. PLACE OF DEATH Ballmare 19 MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Pt. 10 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re ricarest town)
8. NAME OF HOSPITAL (If not in hospital, give street oddress) 2300 Lodge Forrest how	d. STREET ADDRESS # /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY. IDA · V	VILSON . 4. DATE OF DEATH APR.	Day Year 26, 1958
5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Jan . 26 . 1882   lost birthday) Months D	YEAR IF UNDER 24 HRS. Toys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)  Housework  Own house	USTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZ  UTGULLA  12. CITIZ	S A
NOAH FOX.	14. MOTHER'S MAIDEN NAME Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or pinknown) (If yes, give war or dates of service) Novel	thel Janes - alldiers as in	v#1.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which  gove rise to Immediate  (b)	cimo-pulmonary.	INTERVAL BETWEEN ONGET AND DEATH
couse (a), stating the under- lying cause lost. DUE TO		-
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work 19 fc	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (Cotory, street, office bldg., etc.)	unty) (Stote)
21. I certify that I attended the deceased from FW. 1 olive on apul 25, 1958, and that death ACTUAL SIGNATURE TOWNS 11. Millim.	11 14.	st sow the deceased date stated above. DATE SIGNED
PHYSICIAN'S LOUIS N. TOLLIN	BANTO-19-MD	4/26/58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 4/29/58 SACRED	OR CREMATORY 22d. LOCATION (City, town, or county) HEART BALTO	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Solve & Conneller Esser, 2	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE

8391 OE A9A

(Stote)

HEARD SO STADRITSED

this and the young

SUREAU V.

8391 6 99A



4

0110

il director, filed with

Poge 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4387 CERTIFICATE O

04378

OF	DEA	TH	Ban	Dist	Ma
			Keg.	Dist.	No.

									Keg. DI	31. 140.	
1. PLACE OF DEATH o. COUNTY	244		MARYLAND	2.	USUAL RESIDENCE (			If instituti			
	altimore			-		land			Fri	nce (	
RURAL and give ne	f autside carporate limits corest town)	, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (						ist lown)
Catonsvil]			llyr17dys		Upper Ma		4		16X-	e.mus	
OR INSTITUTION  SPRING G RO	AL (If not in hospital, given STATE	HOSP			d. STREET ADDRESS Upper	Marlb	oro,	Md.			ON A FARM?
3. NAME OF	First		Middle		Lost	4. DATE		Mor	46		Year
(Type or print)	Rose		Kuhn		Wise	OF DEAT		Ar	ril	Doy	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE	(In years irthdoy)	Months Months		F UNDER 24 HRS.
female	***************************************	WIDOWE				888	65	yrs.	Months	Doys I	Hours Min.
10a. USUAL OCCUPATION during most of work housewall	ing life, even if refired)	one 10b.	KIND OF BUSINESS OR IND	USTRY	77	ote or foreign		951	12. CIT		WHAT COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEI						
John Ku	ihn				Mary A	. Wise	man				
15. WAS DECEASED EVE		ES? 16.	SOCIAL SECURITY NO. 17.	INFO	MANT			Add	lress		
	(If yes, give war or dates of ser	vicel			ds: SPRI	ING GR	OVE	STAT		SPIT	AL.
18. CAUSE OF DEA	TH [Enter only one cou	se per lir	ne for (a), (b), and (c).]								VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Aı	terioscle m t:	ic c	ardiovasc	ular d	iseas	e		ONSE	T AND DEATH
422.1	DUE TO			-							
Conditions, if or	ny, which )	Ge	eneralized ar	teri	osclerosi	s					
gove rise to in	mmediate (										
lying couse lost.	the under-									1 6	
Z PART II. OTH		ITIONS C	CONTRIBUTING TO DEATH BU	JT NOI	RELATED TO THE TEL	RMINAL DISEA	SE CONDI	TION GIV	VEN IN PAR	T 1(o) 19.	WAS AUTOPSY
PART II. OTH  493 X  200. ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY		-						7-1			PERFORMED?
20a. ACCIDENT WA	S UNDERLYING TI		leumonia Eribe how injury occuri	ED /F	ster nature of injury	in Part Lar Pr	ert II of ite	m 18.1		-	152 NO.
OR CONTRIBUTING	CAUSE OF DEATH		- Walter Colon	. 12	not fidiote of injury		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	Y Month, Day, Year	204 16	JURY OCCURRED 20e. I	NACE	DE INJERDY (Home &	205 (C:					40
20c. TIME OF INJURY	19	White of world	_ Not while _	actory,	OF INJURY (Home, fo street, office bldg.,	etc.)	ry or town		(0	County)	(Stote)
21. I certify th	at I attended the	decease	ed from April	12	, 19 58 ta	April	14	19 58	that I	last saw	the decease
	oril 14	19	38 , and that deat	h ac	urred at 5:3	Oam fro	m the c	CHICAS (	and on the	ha data	stated about
	$\cap$	, ,,	1	11 40	.01160 01	ADDRESS (				ne dare	DATE SIGNI
ACTUAL SIGNATURE	Hilla t	vai	Clesler	_ M.D.	SPRING	GROVE			HOSPI	TAL	4-14-58
PHYSICIAN'S NAME (Type)	Stella Wach	sler	, M. D.		Catons	ville	28 . N	lary]	and		
220. BURIAL, CREMATIO			22c. NAME OF CEMETERY	OR CR			ATION (Cit				(Stote)
BURIAL	4-17-58		New Cathelra	7 0	emeterv		alti				
23. FUNERAL DIRECTOR'S			ADDRESS	- de		EC'D BY REGIS			STRAR'S SIC	NATURE	
William Co	ook. Ind.	727	7 St Paul S.	200		PR 1 5 15		000			

gned by the ottending physician and campletely filled in by the impermit. Then please remove carbon papers. Pages 1 and 2 should't in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after ospital or attending physician. (frer this certificate has been signed by ed for use as the buriol-transit permit. page 3 should be de moy be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

THEART SO HEADRINGS

BUREAU V. S.

8561 91 8dV

BECEINED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4388 CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Fort Howard	25 Days	Baltimore 3 V 0 1 - 4
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESIDENCE
	Veterans Administratio	n Hospital	1401 Demarcay Way, ODonnell Hgtsves No Z
	3. NAME OF DECEASED (Served as CHARLE (Type or print) CHARLES		WOLF Your April 20 19 58
	5. SEX 6. COLOR OR RACE 7. MARR	IED MEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWE		October 25,1887 70 vn.
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer	kind of Business or indus Garbage dumps	Baltimore, Maryland U. S. A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	/Silas Wolfe		Ella Chaney
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. #	NFORMANT Address
		219-01-9163 C	lin.Rec.Vet.Adm.Hospital,Ft.Howard,Md.
2	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse tost.  PART II. OTHER SIGNIFICANT CONDITIONS COPERATION — Thoracotomy OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m.	NCHOGENIC CARC RIGHT LUNG, LI ES  ONTRIBUTING TO DEATH BUT Y, left, with 1  CRIBE HOW INJURY OCCURRED  JURY OCCURRED 206. PLA	INOMA, LEFT LING, WITH METASTASTS UNKNOWN  VER, INTESTINES, RIBS AND LYMPH  UNKNOWN  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO  O. (Enter noture of injury in Port I or Port II of item 18.)  ACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote)
		XXXX and that death	accurred at 5:07PM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. VAH, FORT HOWARD, MARYLAND  1/21/58
	220. BURIAL CREMATION, REMOVAL (Specify) Burial 4-24-58	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Wm.Cook-Blight, Inc. 6009	Harford Rd.	Baltimone AMINAPR 2 2 '58 Cll Leauch

al director, soth: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the haspital ar attending physician.

O FUNERAL DIRECTA

filer this certificate has been signed by the attending physician and campletely filled in by the page 3 should be devented for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. moy be retained by we will be seen to the seed of the

APR 23 1900

I

04380

1389	CERTIFICATE	OF DEATH
------	-------------	----------

Rea Dist No.

		2000							
o. COUNTY	BALTIMO	RE MAI		STATE AL	here deceased live	b. COUNTY	Residence b	perfore admission)	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, v nearest town)	write c. LENGTH OF STA	YIN 1b	CITY OR TOWN (IF		limits, write RU	RAL ond give	nearest town)	•
d. NAME OF HOSP OR INSTITUTION	A70N5V122 TTAL (If not in hospital, give	Street address)  RINIC CRA	55 1	d. STREET ADDRESS	HARI	VE C	ROSS	e. IS RESIDENT ON A FARM YES NO	WS -
3. NAME OF DECEASED (Type or print)	ANNA	G. Midd	Woo	DS	4. DATE OF DEATH	APR	1 0	Doy Year	8
SEX F	111	MARRIED NEVER MAR		T. 29, 18	80 9.1		Months Day	AR IF UNDER 24 ys Hours M	HRS.
Oa. USUAL OCCUPAT	ION (Give kind of work don- poking life, even if retired)	10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign counts	y) (	12. CITIZEN	SA,	NTRY
3. FATHER'S NAME	GE	RLACH	14.	MOTHER'S MAIDEN	1/KNO	WW			
5. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCES		17. INFOR	S CATHE	RINE	A 2ddry	1250	N	
PART I. DE	g the under-	per line for (o), (b), and (cute myocard)  Hypertensive  disease	ial insu		cardio-	rascula)	C	NTERVAL BETWEE	TH -
PART II. O	THER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE CO	NOTION GIVE	N IN PART 1(c	19. WAS AUTO PERFORMED YES NO	02
OR CONTRIBUTION	VAS UNDERLYING 201 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED. (En	ter noture of injury in	Port I or Port II o	f item 18.)			
20c. TIME OF INJU	. 10	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE C foctory,	of INJURY (Home, for street, office bldg., et	m, 20f. (City or the.)	own)	(Cour	nty) (S	Stote)
alive on AD	that I attended the deril 29	eceased from Apri 1958, and the		9.45	ADDRESS (Street	city or town, si	nd on the	t saw the deco date stated a DATE S Apr. 29	bove
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	George A. Kni	pp, M. D.		Baltimor	e 29, Ma	ryland			
PHYSICIAN'S NAME (Type)	ION, 226. DATE THEREOF	pp, Me D.  22c. NAME OF CE ADDRESS	METERY OF THE		22d. LOCATION	City, town, or	county)	(State)	

	TO STATE OF DEATH	
	200 May 12 18 18 18 18 18 18 18 18 18 18 18 18 18	
July 1 The Wall		
	constituted I the best about the second	
	The other limited in the property of the property of the contract of the contr	
	The piper classification as to be only to the common of th	
	The piper classification as to be only to the common of th	
	The state of the s	

90

0

Poge

ofter

by pup 2 physician and campletely filled carbon papers. Pages 1 offer-death. remove ta burial, crematian, ar remaval, and in any event within 72 haurs attending please þ After this certificate has been signed detached for use as the burial-transit haspital ar attending physician

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO FUNERAL DIRECT
page 3 shauld be de
the registrar prior ta TO HOSPITAL OR VS A15 (4) 15M 9/SS

		(Specify)			16,19			on Parl	
John	0.	Mit	chell	å	Sons	Inc	• 1900	Eutaw	Place

		Jos CERTITION	TE OF BEATH	Reg. Dist	i. No.
0	COUNTY Baltimor	MARYLAND	2. USUAL RESIDENCE (Where dece 8 24 NORTHERM	PKY Mar	yland
b	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	Baltim	orporate fimits, write RURAL and gi	ive nearest fown)
	NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION Robb NW7517	address)	824 Northe	rn Parknay	e. IS RESIDENCE ON A FARM? YES NO
C	AME OF ECEASED (Type or print)	Middle V	Vooten 4. DA	/1 - 1	Doy Year 13 19 58
5. S	6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH 5 - 19 - 73		YEAR IF UNDER 24 HRS. Days Hours Min.
10a.	USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired)	KIND OF BUSINESS OR INDUS	Baltimore,		ZEN OF WHAT COUNTRY?
13. (	James Emory Poulton		14. MOTHER'S MAIDEN NAME Catherine Uro	mwell	
	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)	11	NFORMANT VS. Katherine	Robb B	105 Essex
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	re for (0). (b). and (c).]	eumonia		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stoling the under-lying cause lost.	miplegia rterioscle	c CVA	D.	7
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part 1 ar	Port II af item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. It Hour a. m. 19 while at war	Nat while foc	ACE OF INJURY (Hame, form, 20f. tory, street, affice bldg., etc.)	City ar tawn) (C	ounty) (State)
	21. I certify that I attended the decease alive on 13 afric 195  ACTUAL SIGNATURE Aarles H. W.  PHYSICIAN'S have by H. W.  NAME (Type)	ed from 13 april 8, and that death Ellams		irom the causes and on the sistement and statement and statement and sistement and sis	e date stated abave.  DATE SIGNED  13 Jul 5
100	BURIAL, CREMATION, REMOVAL (Specify)  urial  April 16, 1958	22c. NAME OF CEMETERY OF Loudon Park	Ba.1	CATION (City, tawn, ar county)	(State) Md.
	euneral director's signature hn O. Mitchell & Sons In	c. 1900 Eutaw	Place 240. REC'D BY RE		nature

STEEN OMITS AS - BY SEE HERO THE MERCHEST STATE OF A SYTAM .alf temperature fishered antestable James Frank Faulton 8381 81 A9A 0.104572 Auticl April 16, 18881 London For's west west bold and make franch . The

